

JPRS-TEP-89-019  
13 DECEMBER 1989



**FOREIGN  
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# ***JPRS Report***

# **Epidemiology**

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# Epidemiology

JPRS-TEP-89-019

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13 December 1989

[Recent material on AIDS has been published separately in JPRS-TEP-89-018, dated 11 December 1989.]

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## MAURITIUS

### Alcoholism Seen As Greater Problem Than Drugs

90EF0039Z Port Louis L'EXPRESS in French  
25 Sep 89 p 5

[Text] A seminar on the theme "Substance Abuse Among Women" was organized by the Mauritian Federation of UNESCO Clubs, in collaboration with the Trust Fund for the Rehabilitation and Treatment of Drug Addicts.

The seminar was held at Queen Elizabeth College from 9 a.m. to 3 p.m. on Saturday. Organized for the female members of the UNESCO clubs, it brought together 60-plus participants, including students, teachers, and representatives of various women's organizations. The program for the workshop included talks, discussions, and a showing of the film entitled "Do Not Enter."

The seminar was officially inaugurated by Mr Cassam, first secretary at the Ministry of Social Security. He said that thanks to the energetic steps taken by the government in 1986, the drug problem is more or less under control. But the battle must continue, he added. Currently it is alcohol that poses a serious threat on the island of Mauritius. On Rodrigues, alcohol is also a major problem. Education and information about drug problems begin at home, Mr Cassam believes.

Women, as mothers, wives, or sisters, have an important role to play in the battle against drug addiction and alcoholism. "To educate women is to educate a nation," he added.

The battle against drugs is the business of every citizen, and not just the government, he maintained. The government is making every facility available to the nongovernmental organizations (NGOs). The police and customs officials are continuing to do their work of detection and prevention. Mr Cassam expressed the hope that the NGOs will organize more seminars of this sort.

In addition, Pierre Dinan, the president of the Trust Fund, expressed the view that the war against drugs has not been won. The demand for hard drugs, however, has declined, although alcoholism is on the rise. Prevention is vital in connection with the struggle against drug addiction and alcoholism, Mr Dinan said. "The greater the awareness among the population, the greater the success of the fight." Women are often the victims of drugs or alcohol users, he added. This is one of the reasons they should contribute to preventive efforts in the campaigns against drug addiction and alcoholism, he maintained.

Some 50 NGOs are affiliated with the Trust Fund, Mr Dinan said, and it is doing everything it can to assist these associations. It supplies them with the tools and the skills needed so that they can participate in the struggle against drug addiction.

The Mauritian Federation of UNESCO Clubs was established in 1976. About 50 clubs in Mauritius and Rodrigues are affiliated with the federation, which regularly organizes educational, cultural, and social activities for its members.

The preservation of the environment and adult education are also fields in which the federation is active. Its president is Vijay Lutchmun.

### Heart Disease Rate Reducing Life Expectancy

90WE0043B Port Louis LE MAURICIEN in French  
27 Oct 89 p 1

[Article by Dharmanand Dhoocharika: "Life Expectancy Declining on Mauritius Due to Prevalence of Cardiovascular Diseases"]

[Text] Of the Mauritian population, 39.4 percent is less than 20 years old. According to the annual report from the Ministry of Health, the population of the isle of Mauritius as of 30 June 1988 was estimated at 1,016,596—506,710 males and 509,886 females.

Government demographers and statisticians estimate that only 7.9 percent of the Mauritian population is 60 years of age or older. The latest official figures published by the government also indicate that life expectancy on Mauritius is declining due to various nontransmissible diseases (including diabetes, hypertension, various heart diseases, thrombosis, etc.). Life expectancy is now estimated at 64, compared to 65 previously.

The crude death rate was estimated at 6.6 per 1,000 in 1988.

The number of deaths rose to 6,699. It should be noted that the mortality rate among men was 7.7, compared to 5.5 among women, which shows once again that women have greater longevity than men.

We would also point out that the number of deaths due to infant mortality was 441 in 1988. The figures vary from region to region. For example, the Black River region had a 40.8 percent infant mortality rate, compared to 14.4 percent in Grand Port.

Medical authorities say that the infant mortality rate in 1988 declined 2.2 points from the 1987 level.

In the same September 1989 report, Mr G. Brissonnette, principal medical statistician, writes that the number of cases of infant mortality reported in 1988 changed very little.

Some 20,057 live births were reported, yielding a crude birth rate of 19.7 per 1,000, compared to 19.1 in 1987 and 18.3 in 1986.

The crude birth rate is not uniform throughout the island: the lowest rate, 17.0, was recorded at Moka and the highest, 21.8, in Port Louis.

### Need for Hepatitis B Vaccine Growing

90WE0043A Port Louis LE MAURICIEN in French  
20 Oct 89 p 5

[Article: "Hepatitis B: Bloody Well Vaccinate Everyone!"]

[Text] Health care personnel, pregnant women, blood donors: the campaign in Mauritius has a long way to go.

Health care providers are besieging the Ministry of Health with demands for protection against hepatitis B. An infection caused by a virus (there are at least five others and they cause cancer of the liver), it is transmitted by contact with victims and contaminated objects. Hepatitis B, considered as potentially deadly a malady as AIDS, is present in 1 percent of the blood donors on Mauritius, according to an official inquiry. Though more follow-up action is needed, the government seems to be headed in the right direction. In keeping with the demands of the hospital personnel concerned, most of the effort will be focused not on surgeons, doctors and nurses, but rather on attendants, those who have to dispose of patients' feces.

The government has not just sat with its hands folded. It has already spent 1 million rupees to send the vaccine "Engerix B" into the battle against hepatitis B. The money has been used to provide free vaccination on a voluntary basis to personnel at Victoria Hospital at Caudes, who are due to receive the third in the series of three injections near the end of November. But at the same location there are 1,000 other men and women who want to be protected, and the ministry has reportedly run out of supplies of Engerix B.

The man responsible for sensitizing people to the need for vaccination was Dr Bissoonauthsingh, the regional health director based at Victoria Hospital. The efforts of Mr Patrice Rivet, sales supervisor for Pharmacie Nouvelle Ltd., which represents Smith, Kline & French, manufacturers of the said vaccine, should also be mentioned in connection with the campaign to inform people about the risks of hepatitis B contagion. Other hospitals and health centers on Mauritius and Rodrigues have not had access to the vaccine, and it is estimated that 3,000 people are asking for protection against the infection.

Thus it has been suggested that the Ministry of Health order 9,000 more doses, over and above those required to complete the vaccinations already under way among employees at Victoria Hospital.

But the government is also taking action on other fronts. Blood samples obtained from pregnant women coming from both rural and urban regions (50 percent for each of these locations) are subjected to laboratory analysis at the venereal disease unit of the Central Laboratory at Caudes. The tests are designed to determine the percentage of carriers among that population group, as well as the extent of immunization.

Dr B. Radhakeesoon, PMO [expansion unknown] at the health ministry and director of the local immunization program, told an international conference on hepatitis several months ago that Mauritius intended to vaccinate 20,000 newborns each year. He also said the incidence of hepatitis B on Mauritius was on the increase (100 cases per year) in terms of both rate of infection and the death rate. The World Health Organization [WHO] estimates that 250,000 people die each year from hepatitis B.

It would be advisable for the Ministry of Health, along with other governmental institutions, to extend current

efforts beyond the confines of hospitals and other similar high-risk locations. It is really imperative to sensitize—and vaccinate—citizens whose occupational activities in fields other than medicine put them in contact with individuals who may be infected. Indeed, almost everyone faces the risk of contact. Security personnel such as policemen, for example, may be contaminated by infected subjects. People in the transport sector face similar risks, to say nothing of dentists, laboratory and ambulance personnel, etc. Also, since hepatitis B is transmitted by direct contact and blood, it goes without saying that people engaging in sexual relations without taking safety precautions run a high risk of transmitting the disease. That is why homosexuals are among the groups targeted by the information and vaccination campaigns. The health ministry needs to publicize information about hepatitis B as widely as possible, along with the facts about AIDS.

A broad vaccination campaign among other sectors of the population will no doubt be very costly. But international assistance should be available. Smithkline Biologicals, a subsidiary of Smith, Kline & French, has already donated 1 million doses of Engerix B to the WHO, which according to one high official of the organization hopes to wipe out hepatitis B by the year 2010.

Mauritius will be well-advised not to wait till then to take more vigorous action. Better safe than sorry.

## ZAMBIA

### 285 Malaria Deaths in Ndola in 6 Months

54000003B Lusaka *TIMES OF ZAMBIA* in English  
10 Aug 89 p 1

[Excerpt] A total of 285 people died from malaria between January and June this year at Ndola Central and Arthur Davison hospitals and the figure is expected to rise if the mosquito is not eradicated.

Ndola Central Hospital recorded 9,503 admissions of patients suffering from malaria with 178 deaths while the children's hospital had 5,386 admitted and 107 dead during the period.

Because of the seriousness of the problem, the Ndola chamber of commerce and industry has appointed a sub-committee in community affairs to help the council combat the menace at a cost of K3 million.

Addressing a Press conference yesterday, a member of the sub-committee Cde Philemon Ngoma said the deaths represented 47.5 people dying every month.

Malaria had become too prevalent in Ndola in recent years and the 14,889 admissions recorded in six months at the two hospitals were too high for a single disease.

The council had done everything possible to eradicate mosquitoes and the sub-committee had mapped out a strategy to provide materials and finance to fight the disease.

Since it is estimated that the whole exercise would require about 12,000 to 15,000 litres of insecticide at a cost of K3 million, the chamber has solicited for the support of service clubs like the Round Table, Rotary, Lions and Jaycees.

"The exercise of mosquito eradication starts next month and the council has already organised spraying teams for all areas," Cde Ngoma said. [passage omitted]

### **Malaria Deaths Rise to 75,500 in 3 Years**

54000003A Lusaka TIMES OF ZAMBIA in English  
15 Sep 89 p 1

[Article by Abuey Kayoya: "Malaria Ravages Tropical Africa"]

[Excerpts] Malaria, one of Africa's oldest and most prevalent scourges has seeped in and is slowly destroying the fibre of the social and economic structure of tropical Africa. [passage omitted]

In Zambia, cases of malaria are prevalent and authorities are concerned at the increasing number of deaths from cerebral and common malaria whose incidences have been very high throughout the country.

Recent revelations of malaria occurrences from various parts of the country have horrified authorities in medical circles because of the seriousness of the problem at hand.

In the Southern Province 93,683 cases of malaria were treated in the first three months of 1988 to the amazement of medical authorities who did not know the cause of such a high percentage increase.

The figure represented an increase of 30 percent from the previous year's when during the corresponding period 60,608 cases came to surface. The gravity of the situation led to the declaring of five districts—Livingstone, Kalomo, Gwembe, Namwala, and Monze—malaria "red zones."

Kalomo recorded the highest number of cases of 25,063 while Monze had 17,040.

Namwala had 12,882, Mazabuka 9,788, Livingstone 8,210, Gwembe 6,903, Siavonga 6,054 and Sinazongwe 6,743.

Provincial medical authorities baffled by the unprecedented increase in the disease had to seek the help of the Tropical Diseases Research Centre (TDRC) of Ndola to find out what was happening.

The TDRC sent a team to investigate and what they discovered startled even the experts.

A random sample test showed that the incidence of malaria was as high as 90 percent. Out of 5,000 school

children who were involved in the test, 4,500 showed positive results, meaning they had malaria parasites but which were dormant.

In its report the team said 400,528 patients were treated for the disease while from January to June about 135 children died in Livingstone. It was noted that most people who had the parasite were highly resistant to drugs, apart from quinine and quinidine.

But for the whole of Zambia the statistics were even more shocking; in the last three years to the end of 1988 more than 75,500 people died from the disease.

According to Health Ministry record, the number could have just been the tip of an iceberg. If deaths in remote parts of the country where there are no proper medical facilities were taken into account the figure could have doubled.

Many areas of the country are now at the mercy of the scourge. For example, the Copperbelt, once a malaria-free zone, ranks among the highly infested regions, with cases rising by about 95,000 in five years to the end of last year.

Deaths from the disease in the province showed a continuous rise and, ironically, the mosquitoes that caused them were bred in swimming pools in residential areas. A survey showed that 90 percent of the swimming pools were breeding grounds for the insects.

The figures for Ndola released last month are equally distressing—285 people died from the disease in the first half of the year from a total admission of 14,889. This on average meant 47.5 deaths each month which is quite high. [passage omitted]

Giving the breakdown, the TDRC said out of an admission of 9,503 at Ndola Central Hospital, 178 deaths were recorded during the period, mostly men whom out of every 1,000 the average rate was 20.7 people while 16 out of every 1,000 women malaria patients died in hospital.

Across town at Arthur Davison children's hospital 107 infants died from 5,386 who were admitted from January to June. But happily the mortality rate has been reduced drastically.

Said Cde Philemon Ngoma of the chamber of commerce when he announced the drive to help fight malaria in Ndola recently:

"These figures are frightening. Even those without the statistics are aware of the fact that in the last few years there have been many deaths caused by malaria.

"To combat this menace the council has tried all it can to eradicate the mosquito. But it is a great task calling for concerted action by all concerned."



### Hemorrhagic Fever Virus Found Air Transmittable

54004801b Beijing KEJI RIBAO [SCIENCE AND TECHNOLOGY DAILY] in Chinese 12 Jul 89 p 2

[Summary] For many years, it was believed that the field mouse (*Apodemus agrarius*) was the only vector for hemorrhagic fever viruses. Recent research done by the Anhui Provincial and Mengcheng County sanitary and anti-epidemic stations has revealed the possibility of hemorrhagic fever viruses being transmitted by air. The research was carried out by first injecting 10 mice with hemorrhagic fever viruses, followed by exposing 20 healthy mice in the same room under controlled conditions. Twenty-two days later, the hemorrhagic fever viruses were isolated from the air, and anti-HFV antibodies were detected in the 20 healthy group 80 days after exposure. The researchers concluded that the hemorrhagic fever viruses may be transmittable in the air.

### New Influenza Virus Found

54004802 Beijing BEIJING KEJI BAO [BEIJING SCIENCE AND TECHNOLOGY NEWS] in Chinese 2 Sep 89 p 3

[Summary] A new strain of influenza virus—a surface antigen recombinant strain H1N1 of two influenza viruses, type A3 and type A1—is found spreading in China, according to the National Influenza Center's recent report. The evidence of 16 recombinant strains isolated in Harbin, Beijing, Shanghai, and Hebei indicates that the combinations of new subtype viruses have happened and that the recombinant viruses are spreading among Chinese population.

### Research in Animal Disease

#### Ovine Progressive Pneumonia Tested

54000434 Beijing ZHONGGUO SHOUYI ZAZHI [CHINESE JOURNAL OF VETERINARY MEDICINE] in Chinese No 4, 22 Apr 89 pp 2-3

[Article by Deng Puhui 6772 2528 6540, Wang Zhengdang 3769 2973 8093 and Su Zhong 4479 1813, Veterinary Medicine Department, Xinjiang August 1 Agricultural Sciences Academy; and Cutlip, R.C., and Lehmkuhl, H.D., American National Animal Diseases Center: "Serological Assay of the Prevalence of Ovine Progressive Pneumonia (Maedi)"]

[Abstract] An agar gel immunodiffusion test was used to assay the distribution of antibodies to ovine progressive pneumonia (OPP) in specific Chinese sheep herds. Serological specimens taken from 1,410 head of fully grown sheep in Xinjiang, Nei Monggol, Hebei, and Sichuan provinces in north and northwest China showed a virus-specific serological distribution rate ranging from 0 percent for sheep in Hebei to 6 percent for sheep in Xinjiang. The age-specific distribution rate among Border Leicester pure breed sheep ranged from 37 percent for sheep 1 to 4 years old to 53 percent for sheep 5 to 10 years old. Among third generation Border Leicester and Tian [3944] sheep hybrids (BHE<sub>3</sub>), it

ranged from 8 percent for 1 to 4 year old sheep to 13 percent for 5 to 10 year old sheep. The pathogenic virus serological distribution rate for first and third generation Border Leicester and Tian sheep hybrids was markedly lower than for pure breed Border Leicester sheep (P less than 0.01). The OPP virus serological distribution rate for third generation Border Leicester and Tian sheep hybrids was markedly higher than for first generation Border Leicester and Tian sheep hybrids (P less than 0.01).

This two page article sets for the methods used and results obtained in the aforementioned antibody serological assay, as well as a discussion of the significance of the findings. The findings are largely summarized in four easy to read tables.

#### ELISA Used in Diagnosis of Vesicular Stomatitis

54000434 Huang Yunsheng; Beijing ZHONGGUO SHOUYI ZAZHI, [CHINESE JOURNAL OF VETERINARY MEDICINE] in Chinese No 4, 22 Apr 89 pp 47-49

[Article by Huang Yunsheng 7806 6663 3932: "Indirect ELISA Diagnosis of Vesicular Stomatitis"] [txt][Abstract] This article explains the materials and methods used in establishing a rapid, dependable, and highly sensitive enzyme-linked immunosorbent assay (ELISA) to help in the diagnosis of vesicular stomatitis. The author claims this assay to be superior in several ways to the combination of serological assays, serological neutralization tests, and complementary tests currently used to test for vesicular stomatitis. Not only does ELISA save time, save money and manpower, and require fewer reagents than the alternatives, but it also circumvents problems with nonspecific reactions from healthy animals, and nonsensitivity of some of the other tests in all but the early stage of the ailment.

The author explains his contention in a discussion that follows results of his experiments.

The author wrote this article while taking advanced courses at the National Veterinary Medicine Diagnosis Laboratory in Ames, Iowa. He acknowledges guidance from Dr G.A. Erickson and Kenneth A. Eenisses.

#### Snail Fever Invading the Cities

54004803b Beijing CHINA DAILY in English 9 Nov 89 p 3

[Article by Zhu Baoxia]

[Text] Snail fever, or schistosomiasis, the "devil of death" that the country declared as being basically eliminated in the 1950s, is reappearing in the country's southern lake areas and is edging toward urban districts.

According to Wang Huanzeng, director of the snail fever control department of the Ministry of Public Health, Wuhan, the capital of Hubei Province, now has more than 2,000 urban residents affected by the disease, and Nanjing, capital of Jiangsu Province, has seen 200 to 300 cases in its urban counties and districts.

Most of the snail fever victims are young and middle-aged laborers.

Snails previously infesting scattered areas of some lake and marsh lands can now be found in rivers, ponds,



irrigation ditches and even trees, due to flooding lands for irrigation.

And the density of snails is also rising.

A river in Xiantao in Hubei Province has more than 5,000 meters of water area contaminated with snails, an official from the Jingzhou Snail Fever Control Office said in an interview with CHINA DAILY in Beijing.

About 100 snails were discovered in a two-meter high white poplar tree in the urban area.

A recent survey revealed that the number of snail-infested fields in Xiantao has risen to 4,170 mu (278 hectares), 47 percent over that of last year.

Wang said that the epidemic situation of snail fever is worsening in 373 counties in areas south of Yangtze River, 110 of them covering 3.4 billion mu (about 226.6 million hectares) of land. More than 100 million people are facing the threat of the disease.

At present, the country as a whole has about 1 million snail fever patients, 40,000 in the advanced stages. Most of them are in the five provinces of Hunan, Hubei, Jiangxi, Anhui and Jiangsu.

Jianzhou Prefecture in Hubei Province now has a total of 190,000 patients with 2,700 in the advanced stages, and 8,000 infected cattle as well.

Fields infested with snails amount to 550,000 mu (36,666 hectares), 50,000 mu (about 3,333 hectares) more than the figure in 1981.

In a village with 1,252 residents in Qianjiang County, Hubei Province, 781 people are infected with snail fever, or about three per household.

Last year, Hunan Province reported 1,677 acute snail fever cases, more than double the figure in 1987.

Some travellers from non-epidemic districts also caught the disease while swimming in contaminated water in the epidemic provinces.

One of them who got the disease in Hunan had to spend more than 1,000 yuan to have it cured.

### **More Control of Snail Fever Urged**

40101001 Beijing CHINA DAILY in English  
30 Sep 89 p 3

[Text] Most of the people infected with snail fever (schistosomiasis) this year in Wuhan, Hubei Province had been sent to hospital for treatment by September 13, and the majority of the patients have had their illness brought under control, according to the recent Beijing-based Health News.

Wuhan has seen a continued incidence of snail fever cases since August.

The Yangyuan area of the Wuchang district in Wuhan is historically a snail-infested region.

Since early last summer, many people there who swam in the Yangtze River were afflicted with the disease.

By September 12, among the more than 8,000 people who had been in contact with the contaminated water, 2,300 were found with acute snail fever.

The Wuhan city government immediately formed a prevention and treatment department and set up 10 examining stations in the city.

More than 60 medical personnel from the city and nearby counties worked at the stations.

The minister of public health, Chen Minzhang, inspected the infectious districts in Wuhan and visited the patients on September 13.

Chen pointed out at a talk with the provincial, city and regional leaders and medical staffs that the prevention of snail fever is a long-term task that should not be neglected, so officials and medical personnel should strengthen their leadership in carrying out the programme and conscientiously implement various prevention and treatment measures.

The local governments are also required to strengthen their leadership and take prevention and treatment measures. Education on snail fever control is to be carried out to prevent the spread of the disease.

Information from the Ministry of Public Health revealed that snail fever is still prevalent in 110 districts and counties along the Yangtze River in the provinces of Hunan, Hubei, Jiangxi and Anhui, plus some mountainous areas in Sichuan and Yunnan provinces, although about 40 percent of the 373 counties that were classified as snail fever epidemic regions had eliminated the disease by the end of last year.

By last year, more than 346.6 million square metres of farmlands across the country were discovered to have snails, a 2.5 percent increase over the 1987 figure.

Most of the fields are concentrated in the provinces of Hunan, Hubei, Jiangxi, Anhui, Sichuan, Jiangsu and Yunnan.

Some non-epidemic districts were also found to have snails, such as Songjiang County in Shanghai, with 5,090 square metres of snail-infested fields.

Results from sample manure and blood inspection in each province, municipality and autonomous region last year revealed that the country had about 435,046

patients diagnosed as having snail fever. Many of them had been only recently exposed to the disease.

More than 4 percent of the 623,789 farm cattle under inspection are also infected with snail fever. Yet, some experts estimated that at present, the actual number of people with the disease might be as high as 1 million across the country due to the limited coverage of the inspection.

## HONG KONG

**New Case of Cholera Confirmed**

54004045 Hong Kong *SOUTH CHINA MORNING POST*  
in English 23 Sep 89 p 2

[Text] A 30-year-old man was yesterday confirmed to be suffering from cholera—the 23rd case reported this year.

A Department of Health spokesman said the patient had visited Guangzhou and returned to Hong Kong one day before the onset of symptoms. He said the man contracted the disease in China.

The man became ill on Wednesday suffering from abdominal pain, vomiting and diarrhoea.

He went to Yan Oi Polyclinic in Tuen Mun the following day and was later transferred to Princess Margaret Hospital.

Tests confirmed that the man had cholera. His condition was described as fair.

The first cholera case occurred in May in a 62-year-old woman from Tuen Mun. The case was classified as local because the woman had not travelled abroad before the onset of symptoms.

Twenty-one Vietnamese boat people on Tai A Chau have contracted the disease apparently because of unhygienic conditions on the island.

**Another 24 Vietnamese Struck by Malaria**

54004047 Hong Kong *SOUTH CHINA MORNING POST*  
in English 5 Oct 89 p 7

[Text] Another 24 cases of Vietnamese boat people infected with malaria were identified yesterday bringing the total number of victims since the beginning of last month to 279.

A spokesman for the Department of Health said 212 of the malaria victims were receiving treatment while the remainder had been treated and discharged.

Of those being treated, 74 boat people were in Princess Margaret Hospital while 138 were being held in a sick bay on Hei Ling Chau.

The malaria victims are all among the boat people moved from Tai A Chau to Hei Ling Chau and Shek Kwu Chau following an outbreak of cholera on the Soko Islands.

The Department of Health believes all the cases of malaria have been imported from Vietnam where malaria is endemic.

Tests by the Regional Services Department for malaria-carrying mosquitoes on Hei Ling Chau have been negative and the island was sprayed last week.

**Malaria Claims 12 More Vietnamese**

54004046 Hong Kong *HONG KONG STANDARD* in  
English 19 Sep 89 p 5

[Text] Twelve more Vietnamese were taken from Hei Ling Chau yesterday with suspected malaria as health officials took action to combat the disease.

The number of confirmed malaria cases at the detention centre this month has soared to 115, a figure almost half that of the entire territory this year.

Director of Health Dr Lee Shiu-hung said the disease was under control although the situation required monitoring.

Dr Lee said the 115 confirmed cases were still receiving treatment, either from camp doctors or at Princess Margaret Hospital.

The Department of Health and the Regional Services Department have stepped up efforts to prevent further spread of the disease.

Dr Lee said the chance of the disease spreading to the local community was minimal.

Government refugees coordinator Mr Mike Hanson said: "Perhaps it is not a coincidence that all the victims came from Tai A Chau, but our doctors say the disease was imported from Vietnam."

The Hei Ling Chau victims had been moved to the former leper colony from Tai A Chau after an outbreak of malaria.

Dr Lee said the number of medical staff on the island had been increased to 10, including four doctors and six nurses, in addition to nurses sent by the Correctional Services Department.

## INDONESIA

**Dengue Fever Cases Reported in Jakarta**

90we0026 Jakarta *MERDEKA* in Indonesian  
3 Oct 89 p 7

[Text] One hundred and eleven of the wards in the DKI [Special Capital Region] of Jakarta are now believed to be dengue fever trouble spots. The 111 wards comprise 589 RW's [citizens associations]. East Jakarta is the area of most concern.

Data obtained by MERDEKA shows that a dengue fever epidemic exists in the 190 RW's of the 29 wards in East Jakarta, in the 165 RW's of the 29 wards in South Jakarta, in the 163 RW's of the 24 wards in Central Jakarta, in the 92 RW's of the 15 wards in West Jakarta, and in the 79 RW's of the 14 wards in North Jakarta.

Dr Soeharto, head of the DKI Jakarta Health Service, today reported his findings on the dengue fever cases to Vice Governor Anwar Ilmar, who in turn issued directives on the epidemic in Jakarta.

Soeharto noted in his report that in August 1989 there were 1,406 persons with dengue fever in DKI Jakarta. 30

of whom died. Meanwhile, thus far in 1989 10,649 residents of DKI Jakarta have been stricken with the disease, 111 of whom have died.

Dr Soeharto informed subdistrict heads, ward chiefs as well as PUSKESMAS [Public Health Center] doctors, DKI Jakarta PKK [Family Social Welfare Program] directors, and Public Self-Help Groups that dengue fever symptoms included an upset stomach, a skin rash, hemorrhaging and cold hands and feet, nosebleed, bleeding gums, bloody vomitus or feces, and chills along with perspiration.

While in his directive, Anwar Ilmar, the vice governor, explained that all doctors and subdistrict heads, including officials of the DKI Jakarta Health Service, were required to work hard to motivate the public to continually eradicate mosquito breeding areas (PSN). In addition, he appealed to the people of DKI Jakarta to guard against dengue fever because the disease was endemic.

"We must guard against the disease being spread farther in Jakarta," Anwar Ilmar said.

According to Anwar, even though PSN information had been disseminated widely through the printed media, television and radio, as well as by doctors, it was not enough. It had to be accompanied by real support from administrators and public figures who were both formal and informal leaders of the public.

It was hoped, the vice governor said, that such support would become a model or take the form of a mass PSN movement conducted at a designated time together with the people of the local areas.

"The mass movement to eradicate mosquito breeding areas must include the active participation of the people, both in its preparation as well as in the spraying activity. All subdistrict heads and ward chiefs, heads of the RT's [neighborhood associations] and RW's, and public figures must aid the mass movement to the fullest extent so that no further outbreaks occur in DKI Jakarta," Anwar Ilmar said.

#### **High Rate of Malaria Recorded in West Irian**

90WE0044A Jakarta MERDEKA in Indonesian  
2 Nov 89 p 6

[Text] Dr Soesanto Tjokrosonto, lecturer at the Medical Faculty of Gajah Mada University, Yogyakarta, said that Jayapura, Irian Jaya, still has a high endemic rate of malaria.

He told reporters in Yogyakarta on Tuesday [31 October] that the incidence of malaria and the number of deaths from the disease are very high, particularly as a result of malarial parasitic infection of the Plasmodium falciparum type.

Research has shown that chloroquine, an antimalaria medicine easily obtained everywhere, is no longer effective for the treatment of malaria patients in Irian Jaya.

It has been shown that 90.5 percent of Plasmodium falciparum parasites are resistant to the drug.

"In fact, old-fashioned quinine is the only medicine that is effective in treating the infection," he stated.

#### **Varied Responses**

Soesanto said that Plasmodium falciparum parasites (isolates) in Jayapura have demonstrated varied response to antimalaria medicines.

As many as 57.1 percent of the parasites show a pattern of R-S-S-S, meaning that the parasites are resistant to chloroquine and sensitive to amodiaquine, quinine, and mefloquine.

Another 19.1 percent have a pattern of S-S-S-S, which means they are sensitive to all antimalaria medicines. Still another 19.1 percent have an R-S-R-S pattern, meaning that they are resistant to both chloroquine and quinine.

These varied responses are supported by the discovery that a parasite isolate (Plasmodium falciparum parasite) taken from a patient consists of many individual parasites (clones) with differing levels of sensitivity to antimalaria medicines.

In view of these facts, an opinion is emerging that malaria vaccines now being developed may apply to merely one specific region and may not be usable in other places. This is particularly true of parasites found in Africa, Thailand, South America.

He said that 20 percent of the residents of Jayapura are believed to have malaria.

Other regions of Indonesia with high incidences of malaria are Flores and East Kalimantan.

Soesanto said that efforts against malaria began in the 1930's under Netherlands rule.

### **LAOS**

#### **Malaria Spreading in Rural Areas of Khammoune Province**

BK0611143489 Vientiane Domestic Service in Lao 1200  
GMT 6 Nov 89

[Text] In October, malaria claimed as many as 70 lives at the Khammoune provincial hospital alone. It was reported that most of the affected people live in rural areas. At present, the hospital is treating more than 9,000 inpatients for malaria. The ferocious spread of the disease in rural areas is primarily attributed to unhygienic living conditions and inadequacies in public health services and medical supplies. Therefore, the public health sector must intensify its efforts at the grass roots and resort to all means to more effectively suppress the disease.

#### **Decline in Malaria in Luang Prabang Province**

BK2011100889 Vientiane KPL in English 0926 GMT 20  
Nov 89

[Text] The recent blood test among some 20,000 cases in the northern Luang Prabang Province detected malaria in 10 percent and hypertrophy of spleens among 500 cases.



The figure marks a decline due to the expansion of public health network at grass-roots and the introduction of hygiene to local people.

Meanwhile the Mother and Child Care Division of the province launched vaccination and health education campaigns and gave checkups to women. This year, the personnel of the division gave medical check-ups to over 1,500 local children.

#### **Border Trade May Have Spread Plague in Champassak**

*BK2010103089 Vientiane KPL in English 0909 GMT 20 Oct 89*

[Text] In early October, plague killed 40 livestock in Kadan and Khon villages Khong District, the southern Champassak Province.

This was caused by the movement of sick animals from the border area without quarantine, and by the negligence of veterinarians.

Since the outbreak of the plague, the district veterinary service has vaccinated over 200 head of cattle and cured some.

The plague broke out at Nakasang, Senhong, and Tha Mouang hamlets where there are almost 1,000 head of cattle.

#### **Report on Epidemics in Viangsay District in North**

*BK1810032589 Vientiane KPL in English 0942 GMT 17 Oct 89*

[Text] Dysentery, diarrhea, typhoid and some other epidemics two years ago seriously spread in Viangsay District, Houa Phan Province, in particular in November and December 1988, noted a report of the public health service of the district. The epidemic claimed 55 people's lives at Soi and Phiangchia hamlets.

Reports further pointed that the epidemic in May, June, and July broke out again in the villages of Soi, Phoun, and other hamlets of Viangsay District. As a result, 412 people were affected and 77 died of.

The outbreak of the epidemic was caused by poor observation of hygienic rules among local people and sluggish operation of local medical personnel. Obviously, the practice of drinking unboiled water, tying livestock under stilt houses, and consuming contaminated meat can still be seen in that area.

#### **Anthrax Reported in Humans, Animals in Houa Phan**

*BK1210111489 Vientiane KPL in English 0905 GMT 12 Oct 89*

[Text] Anthrax, haemorrhagic septicemia and some epidemic diseases were seriously spreading among water buffaloes in mid August and early September in some villages of the township of Sam Neua and some of Viangsay District, the northern province of Houa Phan. As a result,

85 buffaloes died of these diseases. The situation was worsened because the epidemic spread to other localities affecting both the buffaloes and people.

The epidemic spreading to people was due to the consumption of contaminated meat. Thus, a number of local people were admitted to the hospital. They suffered from dysentery, diarrhoea, and other disorders. In the first week of September alone, more than 300 people were treated in the provincial hospital.

The provincial administration took some measures of controlling and inspecting meat on sale in the markets and banning the movement of animals from the epidemic-stricken areas. The affected meat is to be destroyed and banned from selling. Veterinarians and vaccines have been dispatched to the scene.

### **VIETNAM**

#### **Malaria on Rise in Cao Bang Province**

*90WE0021A Hanoi NHAN DAN in Vietnamese 19 Sep 89 p 3*

[Article by Ha Hong]

[Text] The entire country knows about Ba Be District in Cao Bang Province because of the beautiful scenery there, Ba Be Lake. During the past few years, many people have learned about Ba Be District for another reason, the serious spread of malaria. Of the total number of people administered blood tests, 27.39 percent had the malaria parasite. The entire province has several districts with an alarming level of this disease, Bao Lac, Ngan Son, and Tra Linh. The ratio of people infected with the malaria parasite throughout the entire province during 1988 was 5.05 percent. More than 20 years ago, malaria in this location was almost eradicated with a parasite ratio of one in 10,000; but now, with the ratio stated above, malaria has returned to Cao Bang Province.

Nguyen Xuan De, Vice Chairman of the Ba Be District Standing Committee, said there are several primary causes for the serious spread of malaria—substandard village public health activities and a lack of funds in the district and village administrations for public health activities in general and for malaria prevention and control in particular. In addition, the An Thang residential area contains people arriving from other locations to prospect for gold.

Only five of the 26 villages in the district have public health stations and the district is unable to conduct blood testing to discover the origin [of the disease]. Medical specialist Duong Xuan Duc of Khanh Ninh Village stated that the village has no public health station, pharmacy, or medical instruments. Public health cadres only conduct physical examinations in the home, issue a prescription for the patient to purchase medicine, and "respectfully transfer" serious cases to the district hospital. Since the beginning of the year, 20 cases of malaria have occurred, half of them in the An Thang Village gold prospecting area. This area lies deep within a forested and mountainous region,



40 kilometers from the district seat. Here there are concentrated more than 8,000 people from the provinces of Ha Nam Ninh, Ha Bac, Nghe Tinh, and Thanh Hoa who come to freely prospect. Because of the unsanitary living conditions, malaria has seriously spread. Many of the people arriving there already have the pathogen. During 1988, this area had 3 of the province's 12 fatal cases. During the first 6 months of this year, the entire province had four malaria deaths, all gold prospectors. At the present time, the district hospital can only reduce the fever of the patient but cannot achieve a complete cure because there is no medicine. Meanwhile, the Cao Bang Joint Pharmaceutical Enterprise has medicine deteriorating in the warehouse that cannot be sold to the basic level units; and the Enterprise is being penalized by the bank because of overdue loans. According to a joint circular from the Ministries of Finance and Public Health, the provinces will annually receive funds for issuance to the public health sector. So why is there such an obstacle in acquiring operational funds? Explaining this problem, Mac Van Men, Vice Chairman of Cao Bang Province, stated that the province is encountering difficulties in finance sources, on one hand because issues from the central government are insufficient and untimely, and on the other hand because economic and taxation activities are poor, adversely affecting the activities of many sectors in general and the public health sector in particular. During the past 6 months, the province has owed the districts 2.3 billion dong. However, from now until the end of the year, the province will issue sufficient funds (47 million dong) to meet the requirements of malaria resistance stations. With these funds, the district and village-level public health facilities can purchase enough drugs to sell the people, malaria resistance and control will be strengthened, and the public health network will be solidified.

During the past 6 months, malaria resistance stations have issued DDT insecticide to 32 villages in 7 of the 13 districts and towns to conduct preventative spraying for 46,000 people. Soon, the stations will have an additional three joint-village microscope complexes in the regions of suspected malaria for timely research and discovery of disease pockets. After testing cadres receive training at the Institute of Malaria Parasite and Insect Transmitted Diseases on how to spot individuals infected with malaria, measures will be set forth for promptly stamping out sources before they become pockets of contagion. In particular in Ba Be District, the malaria prevention and control station has issued five of the eight insecticide sprayers. The district hospital has joined village public health cadres in spraying DDT for 10 villages, including An Thanh, the gold prospecting area. Mosquito net repellent impregnation (permethrin) has been conducted for four villages. From now until the end of the year, the remaining villages will be sprayed with DDT. The district hospital has treated and reduced the fevers of 454 patients, and completely cured 282. In the near future, the Cao Bang malaria prevention and control station will join the Ba Be District hospital in locating "field" public health stations in the gold prospecting area. Here there will be services for the prevention and control of malaria and many other sicknesses.

Testing indicates that the province's malaria parasite ratio is 3.8 percent, a decline from last year. Nevertheless, this is only temporary because the recent work of the Public Health Service as well as the malaria prevention and control station has only been at a level halting the spread of the disease. Most of the patients are treated only for reduction of fever and treatment for a complete cure is still not widespread. Malaria sources still exist in many regions in the province.

Malaria can only be stamped out when the basic level public health network is firmly strengthened both in personnel and in technical equipment along with the policies of compensation for public health cadres. Satisfaction of these conditions, in addition to the efforts of the mountainous province of Cao Bang, requires great and effective assistance from the central government.

#### VNA Reports Efforts Against Malaria

BK0810082589 Hanoi VNA in English  
0448 GMT 8 Oct 89

Over the past few years, the number of malarial patients in Vietnam has constantly been on the rise, from 87,351 detected cases in 1986 to 151,520 cases last year. This year, however, the figure is stable.

The total area of the malaria affected localities accounts for three-fourths of the country's land area with half the national population, mainly the mountain regions, remote construction sites and plantations, new economic zones and mines.

Professor Dr Mrs Vu Thi Phan, director of the Institute of Malariology, Parasitology and Entomology, said the upsurge of malaria in the last few years was due partly to the malaria parasites' resistance to medicines and mosquitoes' resistance to insecticides, and partly to population movement and the health service's negligence. In addition, frequent natural calamities have worsened the socio-economic situation, thus increasing the rate of malnutrition among the rural population and creating favourable conditions for the outbreak and spread of malaria and other epidemics. The repatriation of the Vietnamese volunteer troops from Cambodia also contributes to increasing the number of carriers of malarial parasites.

Together with the restoration of the healthcare network in remote areas, Vietnam is trying to incorporate the communal health care facilities in the mountain areas into the national medical system, establish intercommunal medical centres equipped with microscopic facilities capable of detecting malaria and TB cases, spray DDT in malaria-prone areas and new economic zones (in case mosquitoes have developed resistance to DDT, malathion is recommended), persuade the people to use mosquito nets impregnated with permethrin, and mobilize the masses to clean up the environment regularly.

She predicted that if sufficient material and human resources are invested in anti-malaria efforts, by 1995 Vietnam will be able to bring the ratio of malarial patients down to the lowest percentage of the early 80's.

She said so far the World Health Organization has helped Vietnam quite a lot in terms of technical equipment and personnel training, while the Soviet Union and some other countries and international organizations have provided Vietnam with necessary equipment and materials.

At present, she said, her institute is experimenting with Icon, an imported chemical 70 times stronger than DDT, and some other new insecticides. Research is also underway on production of artemisinin in the country to replace part of the high-cost imported medicines or those to which the malarial parasites have developed resistance.

## YUGOSLAVIA

### Incidence of Hantaan in Yugoslavia Described

90WE0015a Belgrade NARODNA ARMIJA in  
Serbo-Croatian 17 Aug 89 p 7

[Article: "How To Protect Against Hantaan"]

[Excerpts] One of the topics being talked about more and more this summer in various parts of our country is Hantaan. The increasing number of cases has given rise to various stories, conjectures, and fear of this disease, which is relatively little-known in our country. The disease in question is haemorrhagic fever with kidney syndrome and is widespread almost everywhere in the world. [Passage omitted]

The host of the virus of haemorrhagic fever is the field mouse, which is why the popular name for Hantaan in Serbo-Croatian is mouse fever. It is transmitted to people in contact with secretions of those rodents either directly through a mouse bite or by breathing in contaminated dust. Those who contact the disease most frequently are farmers working in the field and woods, hunters, fishermen, and campers. The disease may also be transmitted by infected house mice and rats (the urban type of Hantaan), and less frequently by other rodents. It is important to mention that the virus cannot be transmitted from one person to another.

Hantaan may also occur in military units, especially when they have spent a lengthy time in the field. There is a great deal of data to this effect. This disease was described for the first time in the world by Soviet physicians in 1932 who discovered it in the region of the Amur River and the East Siberian coastal area (along the Pacific Shore).

The first epidemic of Hantaan in our country also affected a military unit; this was in 1961 in the Fruska Gora. There were 46 cases among the soldiers, including one case of death. That was also the first case of haemorrhagic fever described in Europe (specialists of the Military Medical Academy described it). The Military Medical Academy is now once again the institution in our country that is best equipped and most specialized in the treatment of Hantaan. It is for that reason that we called upon Major General (Med) Sveto Susa, the professor who heads the Nephrology Clinic and Hemodialysis Center of the Military Medical Academy for advice as to what measures units should take when they go into the field so as to protect themselves against infection with Hantaan.

First of all, Professor Susa says, whenever possible the regions which are endemic should be avoided for setting up camp. Also, it has been noticed that Hantaan does not occur higher than 500-600 meters above sea level. Haemorrhagic fever usually occurs in hilly areas, primarily in the valleys of rivers grown up with high grass, brush, with rare isolated trees, or in forest clearings. The warm weather in the period between May and September is most propitious for the disease's occurrence. Natural foci are distinguished by a large number of small rodents—various types of field mice, voles, and rats.

The unit in which there was an outbreak of Hantaan was in the southwest foothills of the Fruska Gora, where the low growth was abundant. The summer that year (1961) was hot and humid. Many soldiers found ticks on themselves, and forest rodents—mice, dormice, and squirrels simply pestered them. They even found mice in their tents, under straw mattresses, and in blankets. It was also noted that only those who slept on straw became ill, none of those who were on cots.

In view of that experience, and the way in which the virus is transmitted, Professor Susa advises not to camp long in one place, but to move the camp quite frequently to drier and cleaner places. Particular attention should be paid to the animals around. All refuse should be buried outside the camp and food protected from contamination. Maintenance of a high level of hygiene is taken for granted. It is very harmful to kill field mice, since their blood may be full of the virus, and they may in that way infect the surroundings, clothing, tools, weapons, all of which are capable of spreading the disease.

### Endemic Areas

The first epidemic of Hantaan in our country was discovered in June 1961. Later, this disease has spread, especially in 1967, 1968, 1982, and 1986, affecting almost all our republics and provinces. Endemic foci have also been established in Yugoslavia. The most important among them are these: in Montenegro—the vicinity of Zabljak, Savnik, Niksic, Mojkovac, Moraca Monastery, Kolasin, Ivangrad, and on Durmitor; in Bosnia—the vicinity of Foca, Tjentiste, Prozor, Zenica, Travnik, and opstinas in the Sarajevo region; in Vojvodina—in the Fruska Gora; in Croatia—the vicinity of Zagreb, the village Psunj, and Plitvice Lakes; in Macedonia—the vicinity of Tetovo, Bitolj, and Skopje; in Kosovo—the vicinity of Lipljane and Djakovica; in Serbia—the area of Kragujevac, Kraljevo, Cacak, Titovo Uzice, and Ivanjica; and in Slovenia—the vicinity of Kranj, Skofja Loka, and Kamnik.

**HONDURAS****25,000 Cases of Dengue, Malaria Reported**

90WE0040A Tegucigalpa EL HERALDO in Spanish  
18 Oct 89 p 2

[Text] About 25,000 cases of dengue and malaria have now been reported nationally, Dr Jorge Higuero Crespo, the director general for public health, announced yesterday.

The problem which has developed with these vectors has its origins, basically, in community education, in which sector it is necessary to stress sanitation where empty lots and community garbage dumps are concerned.

The Ministry of Health held a meeting yesterday with the Environmental Committee for the purpose of seeking means of bringing together the active forces in the community for the launching of a mass campaign to control this vector, which is regarded as the most important aspect of sanitation.

There are plans in the metropolitan region currently to fumigate some slums or quarters in which it has been established that the infestation level is very high. At the same time, the activities which have been carried out in the city of Choluteca, one of the regions in which there has been the greatest problem, will be further reinforced.



## BANGLADESH

### Official Describes Inadequacies in Health Service

54500025 Dhaka THE BANGLADESH OBSERVER in English 24 Sep 89 p 1

[Text] The Health Service as well as the medical education in the country now suffer badly following inadequate number of teachers and staff. About 13,000 posts in different fields of health sector have been lying vacant for a long time.

An official of the health Ministry told this correspondent on Saturday that the total number of staff from Class I to class IV now employed in Health Service, is little over 60,000 of whom about 7,000 are doctors including the teachers. The number of sanctioned posts is about 74,000.

The health official admitted that situation in country's eight Medical Colleges is far from satisfactory. Shortage of teaching staff has adversely affected medical education and the employees working in the hospitals are hard put to render treatment facilities to the patients.

Except in eight districts where Medical College hospitals are located, the Civil Surgeons act as ex-officio Superintendents of the general hospitals in the districts. The total number of district hospitals in the country is 56. Following this arrangement, the Civil Surgeons who have multifarious duties, find very little time to look after the administration of the district hospitals much of the inconvenience of the larger number of patients.

There is another serious problem which the medical students face every day. In all the Medical Colleges of the country the number of Professors range from two to four against over a dozen sanctioned posts in each institution. In most cases Associate Professors hold the current charge of duties as Professors.

They, in turn, find it less interesting to fulfill their obligations with little hope of becoming full-fledged Professors in the future.

Therefore it is quite natural that without incentive one would hardly be serious as one's specific job demands.

Another senior official told me that in most of the cases the officials of the Health Department retire without being regularised in their next higher positions. Although their career a majority of them hold current charge of duties in next higher positions, he said.

Meantime, a good number of Health officials including teachers have retired over the years but their vacant positions were not fulfilled.

A situation will soon arise when the staff members at much lower level will find themselves conducting the affairs independently without adequate training and expertise remarked a senior teacher in the medical profession.

## Resurgence of Malaria Brings Official Concern

### Outbreak in Border Areas

54500026 Dhaka THE NEW NATION in English 18 Sep 89 p 2

[Text] Malarial fever has broken out in different villages of the bordering upazilas Jhinaigati and Sribordi in Sherpur district. More than 500 persons were attacked with the disease during the last one month.

Jhenaigati Health Complex source said that though malarial disease was eradicated from the country it had still been a common disease in India.

He said mosquitoes carrying parasites from India are causing menace in Bangladesh side.

The Health department has undertaken a comprehensive programme for spraying DDT in the affected villages of Sribordi and Jhinaigati upazilas.

### Advance in Medicine Doubted

54500026 Dhaka THE NEW NATION in English 11 Sep 89 p 5

[Editorial: "The Malarial Health"]

[Excerpts] Malaria, once believed to have been completely eradicated, has staged a come-back. Even death reports are coming from some districts.

There are diseases which are yet to be conquered by medical science. We also hear, the more science is advancing, it is discovering new diseases. Thus the diseases which were once unheard of, are now being dreaded as killer diseases, and the total medical science as well as the scientists are trying to overcome them. This is perhaps a never-ending process that diseases and medical science will be combating each other.

But what about a disease already conquered, yet staging a comeback in our country? Are we really advancing in the field of medical science? The number of hospitals has increased, although not to the desired level. Upazila health complexes and village dispensaries also exist in name, if not in meaning. On the other hand, private clinics have mushroomed, and are ever increasing in number. What research on diseases is being done and to what real benefit of the people is best known to those who are working in the field. There is even a post-graduate hospital in the country. It is not yet clear if it comes to any real benefit of the people in any sense or whether it is contributing in any form to the field of medical research. But one thing is quite clear. The doctors and teachers there are much too busy, if not in fighting diseases and in research work, they are pre-occupied with private clients and at private clinics.

When this is the situation in the IPGMR (Institute of Post Graduate Medicine and Research) things are not expected to be any better elsewhere.

Almost everywhere the Government doctors are busier in private chambers and clinics than in attending either to

hospital patients or to any kind of research work. There are of course exceptions. But exceptions are only exceptions. The general impression about our doctors, their professional sincerity and skill, their interest in research work and their overall dedication to the medical science is rather very poor.

That malaria, or for that matter any other disease which was once conquered, should stage a come-back is not therefore a surprise. But it is depressing. [Passage omitted]

The Health Minister who had been critical about government policy on health before joining his new assignment, and perhaps rightly so, will bring about a healthy change in the field only by retaining his enthusiasm of the past. In that case malaria could again be conquered, and with malaria many other health problems. The total sector has been retaken by killing diseases, and the sector has been rendered as feeble as a malarial patient.

## EGYPT

### 'Knotty Skin' Disease Threatens Dairy Production 90WE0004 Cairo AL-AHALI in Arabic 30 Aug 89 p 6

[Text] The 'knotty skin' disease that has spread in cattle farms recently has caused a 50 percent drop in milk production, said 'Adil 'Abd al-'Azim, professor of contagious diseases at the veterinary college in Cairo University. The rate of death among diseased cases has reached 30 percent, he said, adding that it is necessary to destroy the skin of animals that die in order to prevent the spread of disease.

Dr 'Ali Musa, chairman of the board of the Veterinary Services Authority, called for quick immunization of affected animals by using the "goat smallpox" vaccine which has proved successful in resisting the knotty skin disease. The Serum and Vaccine Institute will provide 2 million doses for this purpose.

Dr Sayyid Salamah, director of Serum and Vaccine Research Institute, said the institute is spending 600,000 pounds monthly in order to produce serums which, by the end of this year, will total 4 million phials.

Dr Sami Taha, of the veterinary directorate in al-Daqahliyah, revealed that officials in Bilqas district were slack in immunizing the animals. He said that directors of veterinary clinics seize the materials the Veterinary Services Authority sends to them, thus depriving the veterinary units of the means to resist diseases. This is because of the lack of public and official control.

## INDIA

### Politician Report Kala-Azar Epidemic in Bihar

54500011 New Delhi PATRIOT in English 19 Sep 89 p 5

[Text] Janata Dal General Secretary Ram Bilas Paswan on Monday alleged that over 1,500 people had died of Kala-azar in north Bihar and out of them 500 victims were from Vaishali district, reports PTI.

Mr Paswan, who went on a 10-day 'padyatra' of Vaishali district recently, said in New Delhi that he had given a list of the victims to Governor Jagannath Pahadia but alleged that no steps had been taken by the Government to contain the epidemic.

No Indian medicine was found to be effective in the treatment of Kala-azar patients and the only injection which could cure the patients had to be imported and the price of each injection was Rs 3,000, Mr Paswan said.

Mr Paswan said he would stage adharna in front of the Rashtrapati Bhawan if the Government failed to take immediate steps to contain the epidemic.

### Poor Public Health Practices blamed for 'Epidemics'

54500009 New Delhi PATRIOT in English 25 Aug 89 p 4

[Text] Some reports indicate that gastroenteritis has already started taking its toll in South Delhi's big slum of Gobindpuri. The municipal authorities of course deny that deaths are caused by any epidemic and explain these as deaths caused by malnutrition and lack of personal hygiene. Last year's experiences are quite similar. Although the epidemic claimed over 200 lives, the municipal authorities still declined to declare the disease as an "epidemic". The monsoon was rather good last year in the Capital which exposed the complacency and even criminal abdication of responsibility by the authorities. The outbreak of the epidemic could have been largely avoided had the Government taken proper remedial measures in time. If large-scale deaths have not been reported and the disease has not assumed epidemic proportions this year, it is not so much because of a qualitative improvement in hygienic conditions of slums as because of the erratic monsoon. Garbage dumps continue to be an eyesore and health hazard in Gobindpuri and dozens of other slums. In these colonies handpumps are the only reliable source of water which gets easily contaminated by seepage from garbage heaps. Last year all decision takers had to await the Prime Minister's visit to the epidemic-afflicted areas before they could plan the clearance of rotting garbage. One hopes this year's story will not be the same. Much of the problem has been the after-effects of haphazard growth of resettlement colonies, encouraged by local leaders, with an eye on future elections. The control of slums and resettlement colonies has been tossed back and forth between the DDA and the MCD [expansions not provided]. The problems of slum-dwellers can be contained only when a long term plan is adopted to promote planned development of the city. As long as these marginalized people of our society are taken notice of only for electoral politicking, they will be periodically the hapless victims of pestilences.

## OMAN

### Cases of Leprosy Declined

54004502 Muscat TIMES OF OMAN in English  
14 Sep 89 p 8

[Text] A health chief says there are fewer new cases of leprosy in Oman and only "bacteriologically positive" sufferers are being admitted for treatment.

Dr 'Abd-al-Ra'uf al-Suwaydi, chief of Dermatology and Genito Urinary Medicine, said: "The curve in the number of leprosy cases in Oman is not rising as it did three or four years ago, when we were finding more cases. Now the country has been covered by the Dermatology Centre and consequently, the number of new cases is not as before."

#### Treatment

Treatment of the positive cases taken several years and, according to the World Health Organisation, some continue for a lifetime.

The Ministry of Health puts the number of lepers in Oman at "more than one hundred." According to a WHO report there are about 10 to 12 million leprosy patients in the world, the disease still occurs in Asia, Africa and Latin America and 1,600 million people are exposed to it worldwide.

Dr. al-Suwaydi said: "Leprosy is not an endemic disease in Oman, any general public need not take any special precautions, unless the patient is one of their family members."

The Ministry of Social Affairs and Labour is building a larger home for lepers in Rustaq. The old home, also located there, will be closed. Severely disabled patients stay at the home. Dr Suwaydi said: "However, most of the treated cases are accepted back into their families and society."

#### Drug

WHO says the continued incidence of leprosy in communities is closely associated with socio-economic underdevelopment, although it has not yet been possible to pinpoint specific environmental factors that promote the spread of the disease.

In the 1950s a chemotherapeutic drug, Dapsone, began to be widely used around the world. However, resistance by leprosy bacteria to Dapsone developed and became acute in the 1970s.

Joint research work by UNDP, WHO and the World Bank then came up with multi-drug therapy (MDT) which includes Dapsone and other drugs.

Oman has used Dapsone since 1980.

According to WHO, MDT is far more effective and has solved the drug resistance problem.

WHO says MDT is expensive to use, but the Ministry says it is not very expensive, possibly because of Oman's small number of cases.

## PAKISTAN

### Punjab Paddy Crop Attacked by Leaf Roller

54004700 Peshawar *THE FRONTIER POST* in English  
19 Sep 89 p 8

[Text]All precautionary measures have been adopted to save the paddy crop from the leaf roller insect attack in Sialkot, Gujranwala, Lahore and Sheikhpura districts.

This was stated by Mr Abdul Qayyum Dasti, Director of Agriculture Lahore, while talking to APP here.

Replying to a question, he disclosed that about five to seven lakh acres of paddy cultivated areas in these districts had come under attacks of leaf roller, which created an alarming situation.

Replying to another question, he said that leaf roller attacked paddy crop sown late in these areas. He added, that over all condition of paddy crop was quite satisfactory in these areas. All-out efforts are being made to save the pest affected areas districts and several positive steps had already been taken in this direction.

Replying to yet another question, the director of agriculture also disclosed that as many as 7,800 power spray and 4,500 hand spray machines were being provided to the growers and cultivators on subsidy basis in Sialkot, Gujranwala, Lahore and Sheikhpura districts.

These steps are being taken to enable the growers and cultivators to cope with the situation arising from pest attack in their respective areas, as well as to save their own paddy crops from its attack, he added. He said that agriculture department's staff had also taken effective measures to provide necessary assistance and information to the growers and cultivators of paddy crops to save paddy crop from leaf rollers attack, well in time, besides the agriculture staff is taking various steps to inform the growers and cultivators through announcement in village mosques and by conducting visits.

## WESTERN SAHARA

### Polisario Announces Cholera Epidemic

LD11N1009 Paris *International Service* in  
French 0630 GMT 11 Nov 89

[Text] In Western Sahara the Popular Front for the Liberation of Saquia El Hamra and Rio de Oro [Polisario] announced a cholera epidemic, which hit the capital of the former Spanish colony, El Aoun. Eighteen have died. A communique, published by the separatist movement, says that the hospitals of towns under Moroccan control are full of cholera victims and people who were wounded in the recent battles. The text reveals the identity of many of these victims and appeals to international organizations to help the population of the territory.



**Crimean Hemorrhagic Fever Endemic in Kazakhstan**

18320021B Alma-Ata SOTSIALISTIK QAZAQSTAN in  
Kazakh 17 May 89 p 3

[Article by Ye. Alimzhanov: "Preventing the Spread of a Dangerous Disease"]

[Excerpts] An extremely dangerous contagious disease has appeared in Sarysu Rayon of Dzhambul Oblast. This disease is known in the world under the names Crimean, Congo and blood fever. It was identified in our country in the Crimea in 1945 by Academician M.N. Chumakov. In earlier times, at least every third person died from this disease.

In Kazakhstan the disease has appeared in Kyzyl-Orda, Chimkent and Dzhambul Oblasts. Local people call it "Kogala". The viruses of the disease develop in ticks and rodents. The viruses, transmitted to humans by ticks, damage the circulatory system. Doctor Malik Abdikarimov first diagnosed the illness in Dzhambul Oblast in 1982.

At that time, however, the doctor said, it was impossible to write an article warning about the disease, not even in a research journal intended for mass consumption. [passage omitted] S.V. Qazaqov, chief of the Extremely Dangerous Diseases Division of the Oblast Public Health-Epidemiological Station: There has never previously been a case of Crimean or blood fever as endemic in the territories of the USSR as it is in Sarysu Rayon. In fact, the number of those infected with the disease in the Sarysu region has reached 36 in a short period of time, and three have died. The reasons that the disease has spread like this is that the decision has been made to permit birthing in the desert. In early times our ancestors, who knew all about sheep-raising, rejected the sands and moved to the high steppe where it was not hot during the day and where the

ticks did not thrive. Our breaking this tradition has created great danger for the people. For example, ticks have bitten 11 of the infected.

At the same time, another cause is the careless and indifferent attitudes of persons directly responsible for managing such enterprises. This is because they have known quite well that this very dangerous disease has been in the oblast since 1982. Thus, in accordance with the resolution of the Extraordinary Anti-Epidemiological Commission, and likewise articles 137-140 of the Kazakh SSR Labor Law, they are obligated to equip herdsmen with special clothing. During the months of May and June, shepherds and herd watchers must wear rubberized gloves, shoes and overalls when on herding duty. Unfortunately, such measures have not been carried out in Sarysu, Qamqaly, Tugysken, imeni Kalinina, Zhangatas, Komunar and Bayqadam sovkhoses. The herdsmen have been forced to take up the ticks in their bare hands. Veterinary disinfection stations have taken a casual view of their work. They have not been regularly and completely disinfecting corrals or pens.

One frightening thing—since the 15th of May a general sheep-shearing campaign has begun in the southern areas of our republic. According to the researches of the Kazakh Microbiological, Epidemiological and Infectious Diseases Institute, the virus is found on the body of every third tick in an area where the disease is endemic. There is presently no possibility for destroying the virus. The best measures is prevention.

Lambing livestock in the desert means great concern for the health of herdsmen. However, one thing must be remembered. Thousands of animals go to the Saryarqa during the summer; there is no place where sheep, and the ticks adhering to them, do not go, where they do not mix with one another. For this reason we must give careful consideration to the question of not spreading this dangerous illness to other areas.



## CANADA

### First Full-Care Health Clinic To Be Launched in Toronto

54200006 Toronto THE GLOBE AND MAIL in English  
27 Sep 89 p A3

[Article: "First Full-Care Health Clinic To Be Launched in Toronto"]

[Text] A radical new kind of health-care clinic will be established at one of Ontario's major teaching hospitals next year, the Ontario government has announced.

The Toronto Hospital will set up a Comprehensive Health Organization (CHO)—a separate clinic employing doctors, nurses, social workers and other health professionals and providing a wide range of services to about 35,000 people in downtown Toronto.

CHOs are supposed to save the government money by delivering health care more efficiently and by concentrating on promoting good health, rather than simply treating illness after the fact. Health professionals will visit the elderly in their homes more often, cutting down on hospitalization costs.

The province will pay the CHO an annually negotiated sum for each patient—about \$1,600, officials said yesterday—to cover all health services, including educational seminars, check-ups, hospitalization and in-home care. Doctors negotiate their method of payment among themselves and the Ontario Health Insurance Plan will not be billed for any services.

Scheduled to open by the end of 1990, the Toronto Hospital CHO will be the first of 18 that Ontario hopes to establish in the next three years, saving millions of dollars.

### Cancer Treatment Delays, Other Problems Reported

#### Provincial Therapy Waiting Times

54200003 Toronto THE GLOBE AND MAIL in English  
13 Sep 89 p A8

[Article: "Waiting Time Varies for Radiation Therapy"]

[Text] Cancer patients must wait for radiation treatment in almost every region of Canada, an informal survey by THE GLOBE AND MAIL indicates. However, the length of wait can vary substantially:

**British Columbia:** In Victoria, 80 percent of patients get radiation within two weeks; in Vancouver, half the patients wait longer, with the longest wait at five weeks, for preventive treatment to kill potential stray cancer cells.

Both clinics are run by the Cancer Control Agency of B.C. In an effort to whittle the wait to two weeks, the Vancouver clinic recently started using two machines at night, recruited two technologists from England and is buying two new machines by next January.

**Alberta:** People wait one week for radiation at the Tom Baker Cancer Centre in Calgary. They wait an average of three weeks, with a maximum of four, depending on the type of radiation needed, at the Cross Cancer Institute in Edmonton, which also treats patients from the Northwest Territories.

The two clinics, run by the Alberta Cancer Board, see about 6,000 new patients each year. They have 50 radiation technologists and need seven or eight more.

**Saskatchewan:** Patients wait less than a month at the two clinics operated by the Saskatchewan Cancer Foundation in Saskatoon and Regina. The situation has improved since last year, when some patients were sent out of the province for treatment.

Since then, the clinics, which see about 2,700 new patients each year, have recruited radiation technologists from New Zealand, Hong Kong and England. They need three or four more.

**Manitoba:** Patients at the province's two cancer clinics in Winnipeg wait two days to one week for low-energy radiation treatment. For high-energy treatment, used for deep-seated tumors, the wait is three weeks. But the clinics are coping only because they decided one year ago to lengthen their hours to 10 p.m. to trim the growing waiting list.

A second high-energy radiation machine, to be installed at the Health Sciences Centre within a few weeks, will make it possible to return to daytime hours. The clinics see 1,550 new patients a year and have about 30 technologists, but could use more.

**Ontario:** About 300 patients are currently waiting five to eight weeks at Princess Margaret Hospital, the largest cancer centre in Canada. The wait will be cut to two weeks, the result of yesterday's announcement that the hospital will stop accepting new patients on Sept 30 for six weeks.

Ontario's seven other cancer centres may be pressed to handle the overflow, yet many have similar waiting lists. At Toronto Bayview Regional Cancer Centre, the wait is three weeks for people with terminal illness who need radiation for pain, and four-and-a-half weeks for those whose cancer may be curable. Emergencies at all centres are handled immediately. The province needs more than 30 technologists.

**Quebec:** Waiting periods for cancer patients in Quebec could not be determined because radiotherapy is not concentrated in one or two centres, as in other provinces, but is spread over a large number of hospitals.

**New Brunswick:** From 20 to 30 percent of patients at St. John Regional Hospital must wait more than a month for radiotherapy, a new study says. The problem is not a shortage of radiation technologists, but a shortage of hospital and hospital beds for out-of-town patients.

Those who can afford it choose to travel to St. John and stay in a hotel during their treatment. A second cancer

clinic for New Brunswick, long promised by the provincial government for Moncton, has yet to be built.

Nova Scotia, Prince Edward Island and Newfoundland: Patients wait only 24 hours for radiotherapy at the Victoria General Hospital in Halifax, the major cancer treatment centre for Atlantic Canada, says Dr Peter Fitzpatrick, chief of radiation oncology. The province also has enough radiation technologists.

### Technician Immigration Plan

54200003 Toronto *THE GLOBE AND MAIL* in English  
14 Sep 89 p A1

[Article by Christie McLaren: "Cancer Technologists Expected From Abroad"]

[Excerpt] Ottawa will speed up the immigration of medical technicians to help hospitals tackle what has been called a crisis in the treatment of cancer, an Ontario health official says.

A severe shortage of trained people to operate radiation machines has led to long waiting lists for cancer patients at many Canadian hospitals.

Faced with angry patients and their families, the Ontario government has asked the federal Department of Employment and Immigration to hasten immigration proceedings for radiation technologists, and officials "have agreed to do this," Dr. Aileen Clarke, cancer co-ordinator for the provincial Ministry of Health, said yesterday.

An Immigration spokesman said late yesterday he could not confirm Dr Clarke's statement. However, Ottawa has given permission to one Toronto hospital to hire more than 20 radiation technologists from overseas, spokesman Gerry Maffre said in an interview.

Princess Margaret Hospital in Toronto, Canada's largest cancer treatment centre, will close its doors Sept 30 to almost all new cancer patients for six weeks in an effort to trim an eight-week waiting list for radiotherapy.

The hospital needs at least 20 more radiation technologists to operate all 10 of its radiation machines, instead of the current eight. Another 30 technologists are needed at the other cancer treatment centres across Canada. [passage omitted]

### Solution for Ontario Patients

54200003 Toronto *THE GLOBE AND MAIL* in English  
30 Sep 89 pp A1, A2

[Article by Christie McLaren: "Southern Ontario Patients May Travel Afar To Receive Cancer Radiation Therapy"]

[Text] Southern Ontario cancer patients who normally would receive radiation treatment at Toronto's Princess Margaret Hospital may have to travel to other parts of the province or country to get it, cancer officials say.

Starting Monday, people who cannot be treated within two weeks at the over-crowded hospital will be referred to cancer treatment centres in Ottawa, Thunder Bay, Windsor and Kingston, hospital and provincial government officials told a news conference yesterday.

Six other centres—two in Saskatchewan and one each in Newfoundland, Nova Scotia, New Brunswick and Alberta—will also accept Ontario patients if necessary. Transportation will be covered by the Ontario government.

The moves will ensure that all patients have "access to radiation therapy within the appropriate time," said Dr. Simon Sutcliffe, the Princess Margaret's vice-president of oncology.

The solution has placated the hospital's unhappy doctors and narrowly prevented hospital chairman Ken Clarke from resigning.

At a stormy meeting on Tuesday the board of governors decided to continue accepting new radiation patients against doctors' recommendations, prompting Mr Clarke to extend his resignation because of concern about whether those patients would receive timely treatment.

Yesterday, however, he assured fellow board members that he no longer intends to resign, vice-chairman Bill Livingston told the news conference.

The solution is a compromise between the two extremes Princess Margaret officials had been considering.

Two weeks ago the hospital announced that it would close its doors to new cancer patients today for six weeks, in order to cut its eight-week waiting list to two weeks. About 300 people are currently on the waiting list.

On Tuesday that decision was reversed. The hospital said it would place new patients on the evergrowing waiting list; however, no one could say whether these patients would get radiation treatment in a reasonable time.

Now hospital officials say they will look at each case on its merits. They will continue to accept emergency cases, but still intend to cut the waiting list to two weeks. This means that at first most patients will be referred elsewhere for radiotherapy.

The solution was hammered out during the past two weeks by officials of the hospital, the Ontario Cancer Treatment and Research Foundation, the Ontario Ministry of Health and the Canadian Cancer Society.

They found a lack of co-ordination among Ontario's nine regional cancer treatment centres: while four in Metro Toronto, Hamilton and London were overcrowded with radiation patients, others had some extra room.

To correct this, a provincial Cancer Patient Referral Office will be set up at Princess Margaret Hospital and the Ontario Cancer Institute in Toronto.

Staffed by a social worker, health records officers and a member of the Canadian Cancer Society, the office will

make all the necessary arrangements for cancer patients to travel to centres outside Southern Ontario, and even to the United States if necessary.

Regional cancer centres in Ottawa, Thunder Bay and Windsor have agreed to accept up to 45 new patients a week in total, but will have to work overtime to do so. Dr. Bill Meakin, executive director of the OCTRF, [expansion not provided] told reporters. Kingston can accept seven new patients a week.

Altogether, the other Canadian centres can accept between 35 and 40.

Travel and accommodation arrangements will be made by the cancer society, with the help of charitable agencies such as Mission Air (a group of corporations that provide free flights for cancer patients when company jets are not in use).

Almost every region of Canada has a waiting list for radiation therapy. The major problem is a worldwide shortage of radiation technologists. The demand exists because of a steady increase in cancer in recent decades, due in part to the aging population and, in Southern Ontario to the growth in population.

Ontario's two biggest cancer centres, the Princess Margaret and the Toronto-Bayview clinic, need more than 20 radiation technologists and are aggressively recruiting overseas, officials said yesterday.

In the future the province will have to buy more radiation machines, they said.

#### **National Task Force**

54200003 Toronto *THE SATURDAY STAR* in English  
30 Sep 89 p A9

[Article by Stan Josey: "Beatty Launches Task Force to Co-ordinate Cancer Fight"]

[Excerpts] A new national task force has been established to co-ordinate Canadian efforts to fight cancer.

The 10-member body, announced by federal Health Minister Perrin Beatty yesterday, will travel across Canada in the next two years collecting information on cancer prevention, detection and treatment.

"At the end of that time we hope to come up with a co-ordinated framework for cancer prevention and control in Canada," said Montreal cancer expert Dr Richard Margoese, who heads the task force.

He said the fight against cancer now is fragmented as various government and private agencies make great advances but have no way of sharing that information.

"We know that smoking kills and that early detection can cure breast and other cancers but there is no national strategy for promoting these things.

"Successful diagnosis and treatment of cancer depends to a large extent on where you live and your economic situation."

The task force will look at all aspects of the cancer fight including prevention, early detection, diagnosis, treatment, rehabilitation, research and palliative care. [Passage omitted]

Beatty yesterday joined American writer Erma Bombeck in launching the new task force at the Canadian Cancer Society headquarters.

The federal government will contribute \$500,000 to the \$750,000 cost of the study. The cancer society will pay the rest. [Passage omitted]

Beatty also visited a North York's Claude Watson School for the Performing Arts yesterday where he unveiled a new anti-smoking commercial featuring rock star Candy Penella and her band Candi.

The commercials, part of the Break-Free campaign sponsored by Health and Welfare Canada, are aimed at the 12- to 17-year-old group.

"We are concentrating our efforts on convincing young people not to start smoking so they never will have to quit," Beatty said.

#### **Measles Outbreak Shows Need for Immunization**

54200004 Toronto *THE GLOBE AND MAIL* in English  
13 Sep 89 p A18

[Article by Paul Taylor: "Measles Outbreak Shows Need for Immunization, Doctors Say"]

[Text] The worst outbreak of measles in Quebec in more than a decade indicates that many Canadian children still have not been immunized against the potentially fatal disease, public health officials say.

So far this year, 9,800 cases of measles have been reported in Quebec, up from only 52 last year. In the rest of Canada, 600 have been reported.

In 1988, there were only 609 cases in the whole country.

"Some may think that measles is a trivial childhood affliction, but nothing could be further from the truth," Dr. Richard MacLachlan, a spokesman for the College of Family Physicians of Canada, told a news conference yesterday.

"Measles is a serious communicable disease that can cause death or result in serious complications in children, such as blindness and mental retardation."

In the Quebec outbreak, at least four children have died and four more have contracted encephalitis, an inflammation of the brain.

Dr MacLachlan noted the disease is preventable by an injection that enables the body to build up its defences against the highly contagious illness.



However, it appears that many parents have not bothered to ensure that their children are immunized. Only three provinces—New Brunswick, Ontario and Manitoba—make immunization mandatory for children of school age. And regardless of legislation, parents can refuse to have their children vaccinated on religious or medical grounds.

"I think it is safe to say that lack of immunization in Canada is really more complacency than anything else," Dr. MacLachlan said.

Since widespread vaccination began in the mid-1960s, major measles epidemics have occurred every five or six years, rather than every two or three.

"Because we seldom hear about serious measles occurrences and about death and disability caused by them, we tend not to think about measles."

The College of Family Physicians and the Canadian Public Health Association (CPHA) launched a public relations campaign yesterday to encourage parents to have their children vaccinated against measles.

Dr. Edward Ragan, a spokesman for the CPHA, said that nine of every 10 children already have received their shots. Although this may sound like a high rate, it is not high enough to stop the disease.

Measles is so highly contagious that the immunization rate must be more than 95 percent to prevent epidemics, he said.

Pockets of children who have not been vaccinated give the disease a foothold.

In the Quebec epidemic, most of the children were between 10 and 19 years of age. Between 33 percent and 50 percent of them had no record of immunization against measles.

Dr. MacLachlan said some parents are reluctant to have their children vaccinated for fear they will get sick. He said the vaccine is safe, though "5 to 10 percent of the children might get a fever and a slight rash—nothing else."

Some of the recent measles cases also may be attributable to a few vaccines used in the early 1960s and 1970s that were not as effective as those currently administered.

At present, children receive a highly effective combined vaccine that protects them from measles as well as mumps and rubella, otherwise known as German measles.

Most people born before 1957 caught measles in their childhood and have developed a natural immunity to the disease. New measles vaccines are believed to provide lifelong protection.

Vaccines for other infectious diseases, such as polio and tetanus, may protect for a limited time only, say 10 years, and booster shots are required to maintain protection.

# **Meningitis Blamed in Port Hope Student's Death** 54200010 Toronto THE TORONTO STAR in English 10 Oct 89 p A6

[Article by Leslie Papp]

[Excerpt] Meningitis has killed a Trinity College School student in Port Hope, forcing health authorities to immunize about 400 boys.

Adrian Smith, 14, of Port Hope, died Saturday in the Hospital for Sick Children.

Meningitis was diagnosed after a teenager at the school died. Dr. Donald Mikel, medical officer of health for Victoria and Northumberland counties, said yesterday.

Principal Rodger Wright said Smith had only been a student at the school for a month.

He said Smith had tried out for the school the last two years and "finally made it."

Health authorities were scrambling over the Thanksgiving weekend to contact Trinity College School students and their parents.

Families were advised to take their child to a doctor for an injection of Rifampin, a drug capable of destroying the meningitis virus, Mikel said.

Students not receiving the drug while away are to be given an injection at the school today.

Saturday's death is the only case of meningitis ever reported at the exclusive boys' school in Port Hope, a Lake Ontario town 40 kilometres (25 miles) east of Oshawa. They come from across Canada and abroad.

[Passage omitted]

## **TB Rate High Among Alberta Treaty Indians**

54200007 Ottawa THE OTTAWA CITIZEN in English  
7 Sep 89 p A17

[Article: "TB Rate Highest Among Indians"]

[Text] Alberta's treaty Indians continue to lead the provincial population in cases of tuberculosis, recent statistics indicate.

The 1988 statistics follow a long trend of tuberculosis rates between 10 and 20 percent higher in treaty Indians than in other Albertans, said Dr Anne Fanning, director of Alberta Health Tuberculosis Services.

The chronic disease hits Indians at a high rate partly because for decades there has been a pool of infected people living in native communities, she said.

And the cycle of infection will continue because the disease, which usually attacks the lungs, often goes unrecognized and is therefore untreated for a longer time in native communities.



The 1988 tuberculosis rate of treaty Indians was 91 cases per 100,000. The rate for Albertans, including those Indians, was 7.4 cases per 100,000.

A total of 176 cases were reported in Alberta in 1988. Of those, 96 cases were reported in people born in Canada and almost half of those 96 were treaty Indians.

About 10 to 20 people die every year of tuberculosis in Alberta and one third of those deaths are treaty Indians, she said.

Poor general health often contributes to the risk of developing tuberculosis and once infected, people have a 10 percent chance of developing the disease, Fanning said.

#### **Lyme Disease Reported Rising in Ontario**

54200002 Windsor THE WINDSOR STAR in English 12 Sep 89 p A10

[Text] Lyme disease, a debilitating illness spread by ticks, appeared to increase this summer in Ontario, a provincial health official said Monday.

"The numbers are increasing," said Charles Le Ber, a senior veterinary consultant with the health ministry. "It's getting worse in Ontario."

Ontario is the only province where health officials must report cases of the disease, which can lead to flu-like symptoms, chronic fatigue, arthritis, heart problems and meningitis.

Thousands of people get the disease every year in the United States, but it is less common in Canada.

So far this year, 17 cases of Lyme disease have been confirmed in Ontario, said Le Ber. Officials are still examining another 59 suspected cases and expect to receive more reports from August.

#### **Quebec Reports Case of Lyme Disease**

54200011 Windsor THE WINDSOR STAR in English 12 Oct 89 p A6

[Text] The first case of Lyme disease has been found in Quebec, local health officials say.

The neurological disease, which is transmitted by ticks, can cause such brain and heart diseases as facial paralysis and irregular heart rhythms.

On Wednesday, the Department of Community Health for the Beauce region—100 km south of Quebec City—confirmed it had found the first case of the disease in Quebec. Dr Diane Morin said Leo Laundry, 30, had been bitten last August by a tick carrying Lyme disease.

#### **Program To Study Health Effects of Great Lakes Pollution**

54200008 Toronto THE GLOBE AND MAIL in English 11 Oct 89 p A10

[Article by Graham Fraser: "Great Lakes Clean-up Program To Study Pollution's Health Effects"]

[Excerpts] The health effects of Great Lakes pollution will be studied as part of the federal government's five-year, \$125-million clean-up program for the lakes, Health and Welfare Minister Perrin Beatty said yesterday.

The plan, announced yesterday, fulfills a promise made by Prime Minister Brian Mulroney during the last election campaign, and referred to in the Throne Speech last spring, Mr Beatty said.

"This is the implementation of that commitment," Mr Beatty told reporters. "It is a doubling of the federal effort, and the budgeting for that was just confirmed by cabinet today." [Passage omitted]

Mr. Beatty said that one of the things which he found distressing was how little information there is dealing with the effects of pollution on human health.

"There are growing concerns that the cumulative effects of low-level toxic chemicals may indeed affect human health," Mr Beatty said, announcing that \$20-million would be spent over the next five years to address those concerns in a systematic fashion. [Passage omitted]

The federal health effects program is focused at the connections between a contaminated ecosystem and human health, Mr Beatty said.

The program is designed to acquire and evaluate data on the impact of contaminants in the Great Lakes on human health, to improve public information about the issue, to co-ordinate efforts from different jurisdictions, and to advise on ways to protect the public better.

According to the information released by the Department of National Health and Welfare, the program will outline guidelines for chemicals so as to protect human health, identify areas of greater health risk, and set up an extensive program which monitors human tissue for contaminants.

The \$20-million health program is the third part of the five-year package, which includes a \$50-million Great Lakes Preservation Program, and a \$55-million clean-up program for Great Lakes hotspots.

The Great Lakes Clean-Up Fund, Mr Beatty said, will be used to help restore the health of the Great Lakes ecosystem.

"The fund will be used to implement specific remedial measures in areas of federal jurisdiction," Mr Beatty said.

### **DENMARK**

#### **New Meningitis Case in North Zealand**

90WE0029D Copenhagen BERLINGSKE TIDENDE in Danish 25 Sep 89 p 11

[Article by Lars Ensted Garling]

[Text] A 15-year-old boy from North Zealand was admitted to the National Hospital's isolation unit with a dangerous type of meningitis. "As long as there is only a single case there is no reason for panic," said senior

physician Peter Skinnhøj of the National Hospital. Vaccination will not be considered unless new cases turn up in the next few weeks.

A new case of infectious meningitis has been noted in North Zealand. A 15-year-old boy with meningococcal meningitis was transferred from Helsingør Hospital's medical unit to the National Hospital's isolation unit on Friday.

#### Boy Very Sick

"The boy is definitely very sick—as one is with meningitis. I cannot say he is improving. It is a little too early to determine when only 2 days have gone by since he was admitted. But only about 5 percent die from the disease on the average," said the unit's senior administrative physician, Peter Skinnhøj. He advised people in the Helsingør area to be on the alert for the influenza-like symptoms of high fever and a characteristic stiffness in the neck.

However there is no reason for panic, even though it is a serious disease, he added:

"Nationwide we have a new case every other day. It is only if several cases turn up in the same area within a few weeks that special measures, such as vaccination and school closings, should be taken," he said.

#### Highly Infectious Case

According to senior resident Niels Mosbech, the doctor on duty at Helsingør Hospital, the boy was transferred to the National Hospital because a serious and highly infectious case of the disease was involved.

As of Sunday afternoon no new cases of the infectious disease had been brought in to the hospital in Helsingør.

### FRANCE

#### Detected Chlamydia Incidence Seen 'Alarming'

54002531 Paris LE FIGARO in French 7 Sep 89 p 10

[Article by Dr Martine Perez]

[Excerpts] According to an alarming survey recently published in the "Bulletin Epidemiologique Hebdomadaire," chlamydia trachomatis or CT, a bacteria transmitted by sexual relations, reportedly affects over 4 percent of all sexually-active women. The study, the only one of its kind ever done in France, illustrates the epidemiological metamorphosis of sexually transmitted diseases [STD]. Before World War II, the spectre of syphilis haunted teenagers and unfaithful spouses. In the 1960's, it was the turn of the gonococcus to rise to the rank of the "main vector of STD." Finally, in the early 1980's, chlamydia trachomatis took the lead among STD in terms of frequency and economic cost due to complications (salpingitis, ectopic pregnancies, and sterility) in Western countries.

To date, the prevalence of chlamydia in France had only been calculated based on extrapolations from Anglo-Saxon studies or even evaluated on mere clinical impressions.

The survey done on women seen at the Louis-Mourier de Colombes Hospital Birth Control Center has therefore filled a great gap. [passage omitted]

The study includes all women being seen on routine visits, seeking birth control, or undergoing pelvic examinations between January and December 1988. A total of 431 patients were questioned (age, profession, lifestyle, number of sexual partners, gynecological history, abnormal symptoms, and so on), examined, and had vaginal tests performed looking for any ordinary infection, gonococcus, or chlamydia.

#### Number of Partners

Among the 431 women, 19 cases of chlamydia trachomatis were diagnosed, an incidence of 4.4 percent. There is no difference in frequency based on the reason for consultation. However, while the 53 mothers seen were disease-free, 31 percent of the 13 lycee [secondary school] students were found to be carrying the bacteria. No case of gonococcal infection was found. A statistical analysis of results shows that patients infected with CT are younger than the others.

Under the age of 25, the incidence is 8.9 percent, then drops to 1.8 percent. More frequently than the others, women suffering from the disease generally had at least two sexual partners in a year. Moreover, smoking has a significant link with CT infection. It should be noted that the partners of women infected had genital problems three times more frequently than the others. [passage omitted]

This initial French survey on the frequency of CT among women with no particular symptoms confirms the asymptomatic nature and epidemic scope of the problem. It will perhaps encourage the government to seek solutions for the wide-ranging condition. [passage omitted]

The disease, benign when treated with antibiotics in time and for at least 3 weeks, does not have to be reported and is not on the list of sexually transmitted diseases. "It is a veritable administrative scandal not to include a disease that renders one woman sterile every half hour," Dr Bohbot angrily observes.

Compulsory reporting and surveys would make it possible to draw up a map of the scope and distribution of the disease so as to better target preventive information. It would also enable venereal disease centers, largely frequented by the poor and the young, to have early detection of chlamydia, now a relatively costly procedure.

#### Salmonella Cases Among Senior Citizens

90WE0017A Paris LE MONDE in French 7 Oct 89 p 15

[Article by Beatrice Bantman: "The Complexity of the Food Chain Increases the Risks of Salmonella"]

[Excerpt] In which food will be found the salmonella enteritidis bacteria responsible for the death of seven people in the Villiers le Bel (Val d'Oise) Hospital? Even before completion of the bacteriological analyses of the suspected meals, the increase in cases of salmonella is

causing concern and leading some specialists to question stock breeding, production, and food distribution methods. While farmers, suppliers, and Public Welfare personnel pass the responsibility for this situation to each other, the string of food poisoning cases brings to light the complexity of the food chain.

The number of food poisoning cases has never been greater in France than over these past few months—17 elderly people have died of salmonella food poisoning. At the same time, several dozens of children were poisoned by the same bacteria in school cafeterias. The public authorities' anxiety and embarrassment is that much greater because it involves a string of cases, a hospital and a retirement home having been infected with salmonella within a short period of time.

Like most infectious illnesses, salmonella is particularly deadly for weakened, elderly, and sick people, as well as for infants, much more sensitive to the massive dehydration which, in some cases, can bring death. Food poisoning, however, is not the sole prerogative of institutions. Whereas the overall yearly rate of individual and collective food poisoning cases is estimated at some 100,000, 309 institutional sites of food poisoning (2,200 persons) were recorded in 1988, 219 being due to salmonella poisoning, or 20 percent more than in 1987.

Recalling that last July a memo was already specifying the methods for investigating salmonella cases, Doctor Laurent Meyer, of the General Health Directorate, explained that: "The accidents in Villiers le Bel and in the Lagord retirement home represent peaks in the overall ascending curb." [passage omitted]

#### **New Methods for Myxomatosis Vaccine Application**

90WE0017B Paris *LE FIGARO* 29 Sep 89 p 10

[Article by Michelle Cobeno: "Fleas to the Aid of Rabbits"]

[Excerpt] Millions of laboratory-raised fleas, dipped into vaccine and released at the entrance of rabbit holes, may soon be used to vaccinate against myxomatosis. This process is also the only way to eradicate hemorrhagic pneumonia, a new plague among wild rabbits. The viruses of myxomatosis and hemorrhagic pneumonia are not pathogenic to man.

The myxomatosis virus, which only affects rabbits, made its appearance in 1952 and rapidly spread throughout the country. Today, the percentage of rabbits born healthy, but dying of myxomatosis, ranges from 50 percent in less contaminated regions to 90 percent in the most contaminated. This virus is carried by biting insects or voluntarily introduced by farmers "inconvenienced" by rabbit colonies.

Hemorrhagic pneumonia, a new plague, is also a viral disease which arrived in France 18 months ago. It seems that live Chinese rabbits were the carriers of the virus, brought in via Spain and Italy, which has been contaminating since 1986. This virus attacks mainly the lungs of

the animal which dies within 48 hours. A spurt of blood appears on the rabbit's nose with its last dying spasm.

France's most contaminated region is in the southeast (Bouches du Rhone, Var, Vaucluse), but also the German border. There is currently no cure for this disease. As in the case of myxomatosis, prevention is the only possibility—the vaccine can eradicate the plague.

Confronted by these problems, an association of hunters near Avignon, the ANCLATRA (National Association of Rabbit Hunters and for the Defense of Traditional Shoots), which claims 800,000 members in France, came up with the idea of using vector insects carrying the virus vaccine to vaccinate the rabbits.

It is the first time anywhere in the world that such a vaccination method will be used. Auguste Commeyras, chemistry professor and ANCLATRA vice-president, explained: "We must point out that vaccines against the SG-33 myxomatosis, marketed by Merieux, and against pneumonia already exist, but they can only be injected with a syringe on domestic animals. Research is currently directed only toward the safe rabbit husbandry. Nothing has been undertaken for wild rabbits. Yet," specified Professor Commeyras, "the massive disappearance of rabbits in France has thoroughly upset the structure of the predators' chain, thus throwing the wild fauna out of balance. The only means we have to apply the vaccine to wild animals is through vector fleas." [passage omitted]

This method of vaccination is already arousing much interest for it can be used with other animals using different vector insects. An international agreement was recently signed by virologists and entomologists presenting a report on this subject. British, Australians and Israeli researchers will henceforth collaborate with the Montpellier team in order to perfect other vaccinations of this type for epidemics.

#### **IRELAND**

##### **Virus Researchers Report on Incidence of Hepatitis**

54500006 Dublin *IRISH INDEPENDENT* in English  
5 Sep 89 p 3

[Article by Tom Reddy: "12 Doctors Among Hepatitis Victims"]

[Text] The incidence of the liver-damaging Hepatitis B virus has increased by 50 percent—and has claimed 12 doctors and three surgeons among its victims.

Twenty-three nurses have been affected and a further eight cases among health workers have now been recorded in the latest survey by researchers at the Medical Microbiology Virus Reference Laboratory at UCD.

The high incidence emphasises the need to vaccinate health workers against the virus, which is estimated to kill two million people a year, says the report team, which included Prof. Irene Hillary, head of the laboratory.



Drug abusers are the group most at risk, according to the survey, which covers the years from 1980 to 1987. They suffered a 15-fold increase, while the incidence among non-drug abusers over the same period increased by 50 percent.

Other at-risk groups include haemophiliacs, among whom the disease incidence trebled. Twenty-four out of a total of 2,226 cases surveyed in the seven-year period contracted the virus after transfusions.

The largest proportion of hepatitis sufferers, 49 percent, was among intravenous drug abusers. The incidence of Hepatitis B in drug abusers first exceeded that in non-drug abusers in 1980 and peaked between 1981 and 1983. After 1983, the incidence in drug abusers appeared to fall, while that in non-drug abusers rose.

However, the report, quoted in the *IRISH MEDICAL TIMES*, says extensive inquiries showed many of the "known" cases were, in fact, drug abusers.

A total of 51 cases were detected among homosexuals and those attending sexually transmitted disease clinics. Fifty visitors to, or natives of, high incidence areas such as Asia or Spain were detected, along with 165 people living in institutions and a total of 872 intravenous drug abusers.

Hepatitis B is extremely contagious and can be caught through contact with body fluids, such as semen, tears, or saliva. It can be inoculated against through a genetically engineered medicine, or a blood plasma based product, but cannot be cured.

### Concern Over Spread of Brucellosis Disclosed

#### New Areas Affected

54500008 Dublin *IRISH INDEPENDENT* in English  
24 Aug 89 p 5

[Article: "ICMSA Brucellosis Alert"]

[Text] There has been no increase in the level of brucellosis in cattle herds over the past three years, a farm leader claimed yesterday writes Willie Dillon.

By ICMSA [expansion unknown] deputy president Tom O'Dwyer admitted that there was currently a "disturbing" trend of fresh outbreaks occurring in herds and areas with a long record of being free from the disease.

He said there was a need for effective, practical research to be undertaken to identify why previously clean herds were now being infected. "If this is not done, then the unexplained outbreaks will continue indefinitely," he warned.

Mr. O'Dwyer said the publicity given to the brucellosis outbreak in animals owned by the Benedictine order at Glenstal, Co. Limerick, had "more to do with the ownership of the herd than with the disease".

### Slaughter of Herds Planned

54500008 Dublin *IRISH INDEPENDENT* in English  
22 Aug 89 p 1

[Article: "3,000 Cattle To Be Killed"]

[Excerpt] Almost 75 cattle herds in brucellosis blackspots in the midlands and south are to be slaughtered by the end of this month in a major Department of Agriculture purge to halt the spread of the disease, writes Willie Dillon.

The massive "total depopulation" drive is being undertaken in north-east Cork and parts of Counties Limerick, Offaly, Laois, Tipperary and Waterford where it is estimated that anything up to 3,000 animals will be put down.

The move follows the slaughtering of 35 other herds earlier this year. A spokesman for ERAD, the animal disease eradication agency, said it was striving to eliminate the active source of the disease from Irish farms. [passage omitted]

### NORWAY

#### 90 Cases Puumula Virus Found in 1-Year Span

90WE0033A Oslo *AFTENPOSTEN* in Norwegian  
24 Oct 89 p 60

[Article by Hanna Hanes: "You Can Become Ill From the Puumula Virus"]

[Text] Be careful when you sweep and shake out a carpet after a mouse has been visiting. You could inhale infectious agents. During the past 12 months, at least 90 people became sick after they had been infected with the puumula virus.

It can be dangerous to have the forest mouse and the climbing mouse in your house. In some areas in Norway, many such mice are infected with a special virus, the Puumula virus. The mice themselves show no signs of the virus, but humans can become ill and develop symptoms such as acute kidney insufficiency.

"How do we get infected?"

"There are two theories. When we shake out carpets and sweep after a mouse has visited, the remnants of the mouse's excrements and urine can be swirled around in the air, so that we inhale particles containing the virus. On the other hand, it is also possible that the mice visit wells and waterways where they deposit infectious agents. From there, the infection is transmitted in the drinking water," says researcher Donna Wiger from the National Institute for Public Health (SIFP).

#### Primarily in the Countryside

The mouse pest or nefropatia epidemica, as the infectious disease is called, occurs primarily in the countryside. When the first freezing nights set in, the forest mice and the climbing mice seek shelter in basements, cowsheds, outhouses, and cabins.



"From July 1988 to the end of June this year, we registered 90 definite cases of this viral disease. Most patients came from the Elevrum and Kongsvinger areas in Hedmark, from the Vinstra area, Hatfjelldal, and Telemark. We also had a few cases from Kristiansand and Stavanger, but we do not know yet how these patients were infected," says Wigger.

SIFF has a group which will study the viral disease in more detail. Preliminary studies show that in the areas most affected, between 3 and 50 percent of the forest and climbing mice are infected. If a physician suspects this infection in a patient, he must send a blood sample to the virology department of SIFF. The test can be done easily.

#### Flu-Like Symptoms

At present, it is not known for sure how many of those infected become seriously ill. However, it seems that only few will become sick enough to require hospitalization. Milder attacks resemble flu symptoms with acute fever and sore back muscles. However, in some cases the disease can also involve pain resembling appendicitis.

In serious cases, blood and protein can be detected in the urine after 2 to 7 days followed by severe pain in the kidney area, very low in the back. The patients can suffer from temporary kidney insufficiency. To the best of our knowledge, all patient will recover without serious damage after a puumula virus infection.

Today, there is no vaccine and no direct treatment available. However, those who have been ill once, will probably be immune against a new infection.

#### Mosquito-Borne Virus Resembles Swedish Outbreak

90WE0025A Oslo AFTENPOSTEN in Norwegian  
21 Sep 89 p 6

[Article by Torstein Hvattum: "Mosquitoes Transmit Virus"]

[Text] Many Swedes who contracted the "berry picking disease" after a mosquito bite are suffering from chronic joint pain many years later. Now, Norwegian researchers are trying to find the same virus in Norwegian mosquitoes.

Thousands of mosquitoes caught during two expeditions in the Rjukan area this summer are being removed these days from the freezer in the National Institute of Public Health (SIFF) and are defrosted so that work aimed at isolating the virus can start. The researchers hope that the virus is the same as the one which has been found in central Sweden in the past few years.

The so-called Ockelbo virus is the reason why close to 400 Swedes have come to know the "berry picking disease" in the past few years. In Norway, a number of cases were found in the Rjukan area last year, while one person in North Osterdal was diagnosed with the disease this summer.

This strange disease is transmitted by mosquitoes who sting disease-carrying birds and later transfer the virus to man. It involves a short fever, a rash and an inflammation

of the joints. Some recover very quickly, while others continue to have symptoms for weeks.

The first incidents of the "berry picking disease" were discovered in Sweden in the early eighties. As lecturer and physician Bo Niklasson from the National Bacteriology Laboratory in Stockholm tells that 20 percent of those who contracted the disease show signs of chronic problems. As Niklasson reports, in individual cases joint pain was found 4-5 years after the outbreak of the disease.

"I am convinced that there is a high number of unreported cases. There is reason to believe that many who are suffering from the 'berry picking disease' do not seek out a physician because they think that they have the flu or something similar," says Niklasson. He states that the number of confirmed cases of "berry picking diseases" increases drastically when the disease is publicized in the media in Sweden. After an information campaign, 20 cases were documented at a local hospital.

Researcher Reidar Mehl from the Department of Bacteriology at SIFF warns against a mosquito panic after the Swedish disclosure on how the Ockelbo virus is transmitted, but does not deny the fact that the mosquitoes evidently transmit the infection to a greater extent than had been known previously. He hopes that the coming months will give him and his colleague Gunnar Hodevik a more precise answer to the question of what role these mosquitoes play in the transmission of the virus.

## PORTUGAL

#### Study Group Formed for Hepatitis B

90WE0013b Lisbon DIARIO DE NOTICIAS in  
Portuguese 25 Sep 89 p 16

[Excerpt] The Health Ministry, through the General Directorate of Primary Health Care, is creating a task force to study in depth the problem of hepatitis B. The group will conclude its work by the end of the year.

According to a note released by the office of Minister Leonor Beleza, constitution of the task force arose out of a need to create the bases for a health policy for the prevention and control of the disease in our country.

The group is composed of individuals from the General Directorate of Primary Health Care, which will coordinate the task force; the General Directorate of Hospitals; the National Institute of Health; the Portuguese Society of Infectious Diseases; the Portuguese Gastroenterology Society; and the Portuguese Pediatrics Society. [passage omitted]

#### August Figures for Spotted Fever, Other Diseases

90WE0013a Lisbon DIARIO DE NOTICIAS in  
Portuguese 25 Sep 89 p 18

[Text] There were 269 cases of spotted fever in August; Beja and Braganca districts were most affected, with 53 and 44 cases, respectively, according to an official source.

The other districts in the nation reporting spotted fever were Lisbon, with 40 cases; Castelo Branco and Coimbra, with 35 cases each; Santarem, with 32 cases; and Leiria, with 30 cases.

Clinically known as scarus-nodular fever, spotted fever is transmitted by a tick common to dogs and cats. The tick belongs to the family Acaridae, which includes the carriers of scabies in humans and mange in dogs.

Other reported diseases included human brucellosis, hepatitis A, endemic parotitis, commonly known as mumps, typhoid and paratyphoid fevers, measles and rubella.

Human brucellosis was reported in the districts of Braganca (17 cases), Guarda (16 cases), Portalegre (12 cases), Vila Real (11 cases), Castelo Branco (10 cases) and Evora (9 cases). Eleven cases of hepatitis A were reported in Braga, 7 in Guarda, 6 in Beja, 6 in Setubal and 5 in Evora.

Typhoid and paratyphoid fevers affected 11 individuals in Guarda District, 12 in Vila Real, 11 in Castelo Branco and 6 in Lisbon. There were 15 cases of mumps, which primarily affects children, in Beja, 15 in Lisbon, 14 in Evora and 7 in Viseu.

Whooping cough was more prevalent in Lisbon, with 21 cases, followed by Porto, with 13 cases, and Leiria, with 6 cases. There were 41 cases of measles: 14 in Porto District; 14 in Braga; 5 in Aveira; 5 in Castelo Branco; and 3 in Vila Real.

Castelo Branco District registered 35 cases of spotted fever, 10 cases of brucellosis, 6 cases of typhoid fever, 2 cases of whooping cough, 3 cases of measles, 3 cases of mumps, 1 case of rubeola and 1 instance of leishmaniasis, which is caused by a bacterium that dwells in humid zones.

#### **African Horse-Sickness Cases Confirmed**

90WE0013d Lisbon *DIARIO DE NOTICIAS* in Portuguese 29 Sep 89 p 23

[Text] After the laboratory confirmation of the existence of an animal infected with African horse-sickness, as reported in our early edition yesterday, four more horses suspected of contamination have been put down. No more cases have turned up, Oliveira e Costa, regional director of agriculture in the Algarve, told *DIARIO DE NOTICIAS*.

In contrast to the optimism of official bodies, which, despite their concern, are hopeful that the measures taken will confine the disease to the border region of the Algarve, the horse breeders are saying that "the worst has already happened," meaning the entry of the disease into Portugal.

The exportation of Portuguese horses, which represents hundreds of thousands of contos in foreign exchange annually, has been banned since Wednesday, when the lab report confirmed the first case, and the ban cannot be lifted until 2 years after the last case of the disease has been reported, explained Costa Ferreira, secretary general of the Thoroughbred Breeders' Association.

In Portugal, there are about 100 breeds of horses which the breeders are "not going to be able to export. To make matters worse, there is no immediate domestic market. I don't know what the breeders are going to do," he added.

Aside from the economic aspect, which is serious in itself, sports events involving horses have been prohibited, including the bullfights, seriously affecting enterprises in the sector.

All equestrian trials scheduled in Portugal have been canceled by the FEP (Portuguese Equestrian Federation), which has notified all the foreign federations of the existence of the disease in Portugal.

Soares da Cruz, of the FEP, said the entry of the virus into our country was a "severe blow to Portuguese hopes of displacing Barcelona in the organization of the 1992 Equestrian Games."

In statements to *DIARIO DE NOTICIAS*, Alvaro Amaro, secretary of state for agriculture, said that "all the necessary resources have been mobilized to prevent the spread of the virus, even though the analyses conducted are not yet conclusive."

Amaro said it was "possible to confine the virus to the affected area" and that he was readily available to discuss the situation with the owners. He said, however, that it was premature to think about monetary support to the breeders, because the "important thing now is the effort to prevent further damage."

Meanwhile, the assistant secretary of state of the Ministry of Agriculture held a press conference yesterday in Madrid, in which he informed the Spanish public that African horse-sickness had been confirmed in Portugal.

Contacted by *DIARIO DE NOTICIAS*, Fernando Temudo, of the General Directorate of Livestock Farming (DGP), said that "the entire 'general staff' is planning what measures to take in the region," but he could not say if and when vaccination will be initiated.

We also learned that the vaccine must be imported from South Africa and that the DGP has taken the necessary steps to make the vaccine available within 24 hours after it is requested.

#### **African Swine Fever Affecting Pork Producers**

90WE0013C Lisbon *DIARIO DE NOTICIAS* in Portuguese 24 Sep 89 p 23

[Excerpts] Today marks the end of the fourth conference of the National Pork Fair and the second conference of the National Pork Products Fair, held at the Montigri fair grounds in Montijo. Arlindo Cunha, assistant secretary of state of the Ministry of Agriculture, presided over the inaugural session. [passage omitted]

Included in the program of the fourth conference of the National Pork Fair was the First National Congress of Hog Farming, in which various national and local specialists and 300 hog producers took part in technical workshops.

Hog farming is one of the most important activities in the Montijo region, which stands high in the nation in production and processing, and hundreds of people are professionally engaged in the sector. However, it is struggling with serious problems, the most pressing of which is African swine fever.

The exportation of hogs to the Europe of Twelve is limited and will remain so until the disease is eradicated. As a result of a violent outbreak of African swine fever, basically in the Montijo zone and neighboring areas, production has declined significantly. The disease has led to controls on the circulation of the swine herd and to the sanitary slaughter of some herds.

According to the Montijo Hog Farmers' Association, as a result of the outbreak of the disease, 3,055 reproducers and 3,520 suckling pigs were slaughtered in that region in the first quarter of this year alone, in addition to 14,167 newborn and aged animals. So it is urgent that the government arrive at an effective policy for the hog farming sector, to solve the problem; in a strongly competitive market such as the EEC, Portugal, a country with confirmed swine fever, cannot compete at the level of the other European markets. [passage omitted]

#### **Spread of Q Fever Mystifies Health Officers**

54500004 Belfast *NEWS LETTER in English*  
5 Sep 89 p 7

[Text] Health officers believe farm animals caused the outbreak of Q Fever in Ballycastle during May and June.

But they are still baffled at the spread of the disease, which although not fatal, can cause great discomfort. They are puzzled that none of the 46 victims of the disease had had any obvious contact with agriculture. And that the infection was found mainly in males aged between 30 and 50 with 75 percent of the cases within a half-mile radius of the Co Antrim seaside resort.

The Ballycastle outbreak accounted for one-third of the cases of Q Fever reported throughout the United Kingdom during 1988 and all the cases occurred within a month.

Q Fever has an incubation period of nine to 20 days and the symptoms are an abrupt onset of fever with headache, muscle pain and severe malaise.

Patients usually run a high temperature for one to three weeks of the illness.

The disease is difficult to detect in cattle, sheep or goats, but health experts are in no doubt this is the source.

In sheep, Q Fever organisms are excreted in large numbers in placental tissue and, to a lesser extent, in birth fluid, milk and faeces, while in cows and probably goats, it can be found in placenta milk.

The infection is unique in that it is mostly common acquired by inhalation from the atmosphere into the lungs, rather than by contact with the animals concerned.

However, GPs in the town now believe the bug has run its course.

A community physician who has been involved in dealing with the Ballycastle outbreak said that there had been a general increase in this type of condition in Northern Ireland this year as compared with other years, but Ballycastle was the worst affected.

"GPs who have a high level of suspicion that their patients have been struck down with Q Fever, should do the appropriate tests and get treatment started right away," he said.

A south Derry GP who caught the disease and took two months to recover has urged Health Minister Lord Skelmersdale to take steps to try and prevent a further outbreak.

"Although it is not dangerous, it is very debilitating and I would not wish to see other people so afflicted," he said.

### **UNITED KINGDOM**

#### **Disease Center Reports Quadrupled Salmonella Cases**

54500002 London *THE SUNDAY TELEGRAPH in English* 17 Sep 89 p 1

[Article by David Brown: "Salmonella Poisoning Cases Soar"]

[Text] Salmonella food poisoning cases are running at more than 1,000 a week, according to Government figures leaked to *THE SUNDAY TELEGRAPH*.

The figures, produced by the Communicable Disease Surveillance Centre for the week ending September 8, show that 1,051 cases were reported from 51 public health laboratories throughout the country. This is about four times as many as for the same period last year, and takes confirmed cases for the year to 15,161—a rise of nearly 2,000 on last year.

Egg producers, still smarting from the salmonella-in-eggs crisis sparked by Mrs Edwina Currie last year, say the Government has got it wrong in its fight against food poisoning. Salmonella cases are still rising despite the slaughter of more than 575,000 chickens and a slump in egg sales, now 14 percent lower than a year ago.

Mr Richard North, an environmental health expert who advises the poultry industry and the Consumer Association, said last night: "Food poisoning cases are rising at a time when the Department of Health hoped that control measures by the Ministry of Agriculture and the egg industry would have an impact. It shows they are looking in the wrong direction."

"It was convenient to blame eggs, but it's a public health problem."

The Department of Health said: "Our advice not to eat raw eggs still stands."



- The Ministry of Agriculture has advised consumers not to eat raw or undercooked cod after a woman found a live worm in smoked fish bought from a supermarket.

The round worm *Phocanema decipiens* is common in cod and other whitefish, including haddock, whiting and plaice. Cases of illness have been recorded after people have eaten them.

A SUNDAY TELEGRAPH reader, Mrs Dinkie Wooton, from Dorchester, Dorset, found a worm in lightly-smoked cod bought from her local Waitrose supermarket.

Waitrose said: "This is something we are aware of. Parasitic roundworms are occasionally found in fish, and occasionally one may be overlooked, even though our controls are tighter than the official ones.

"We still sell smoked fish, which we would expect to be cooked before being eaten."

**Citizens Warned of Plague of Disease-Carrying Rats**  
54500005 Belfast NEWS LETTER in English  
25 Aug 89 p 3

[Article by Stephen Alderman: "Rats on Rampage as Illness Fear Bites"]

[Excerpt] A plague of disease-carrying rats is threatening to invade towns and villages throughout Britain, a report warns today.

The rat population has increased by 20 percent in just 12 months, according to an Institution of Environmental Health Officers' survey.

The weather, litter, farmers, insufficient pest control and building work all played their part, says the report.

And while there is little likelihood of a return of the Black Death—the rat-borne bubonic plague which ravaged Britain in the Middle Ages—the risk of other diseases is increasing, it warns.

Growing numbers of public complaints led the institution to carry out an investigation involving nearly two-thirds of council chief environmental health officers in England and Wales.

It found that the rat population grew by one-fifth between 1987/88 and 1988/89, and blames:

- the climate—with recent mild winters and wet summers establishing ideal breeding conditions
- lack of poisoning in sewers—three in four councils said water authorities either cut spending or failed to allocate extra cash to deal with the growing menace.
- lack of spending by other bodies, including local councils and British Rail
- farmers, whose changing work practices have increased the problem
- litter louts and fly tippers who throw away fast food remnants and other rubbish which is eaten by rats
- inner city demolition and rebuilding programmes, which have driven rat colonies into areas where they are "more visible". The report warns: "An increase in the rat population means an increase in the danger to public health", although it emphasises there is "little danger" of a return of bubonic plague.

But Weils's Disease—a potentially fatal disease spread from rats' urine through water or damp soil—is on the increase, especially among anglers and sewer workers. [passage omitted]



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